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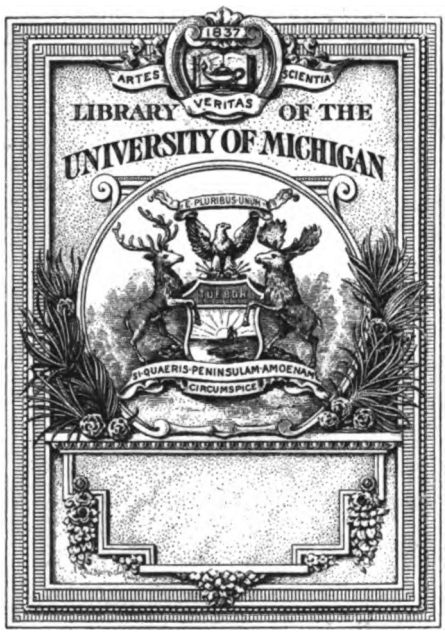

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GASTROTOMY HAS BECOME SUCH A WELL RECOGNIZED operation that few surgeons would hesitate to undertake the work in any well-defined case; but we cannot be too familiar with the success and general observations of those who have made a special study of the operation, especially where opportunities are devised for examining results. Dr. J. T. Bell, of the Montreal General Hospital, has made a careful double series of seven operations on dogs, involving the removal of lengths varying from three to thirteen inches of the small intestines in different positions in their course, and has detailed his proceedings in the Canada Medical and Surgical Journal for December, 1883. There is nothing peculiar in his operative course; he used the carbolized spray, which we have almost entirely abandoned here; in the first series of seven he used catgut for sutures, and in the second series of seven he used carbolized silk. He prefers the silk. He used both interrupted and continuous sutures, and prefers the interrupted. He does not pare off the mucous membrane. The number of stitches used in each case varied from twenty to thirty-two. One dog on which he operated was at the time suffering from distemper, two were almost dying from old age. He habitually fed them on a light diet for two days before beginning the operation. He summarizes his results as follows: Of the fourteen dogs operated upon, four died from the effects of the operation, but all from preventable causes. The first from the giving away of the catgut sutures too early; the second from meddlesome surgery; the third from careless surgery, and the fourth from an accident which could not have been foreseen. Of the remaining ten, one died of senility 62 days after operation, and two died of "distemper"—one on the 18th and one on the 45th day after operation. Six made perfect and complete recoveries, and did not suffer in nutrition or digestion, nor in any other way, and were killed at periods varying from one to three months after operation. Of the fourteenth we have no record. In the first case only, was there any constriction of the bowel, and in no case was there the sign of any considerable peritonitis. In fact, in three cases there was absolutely not an adhesion in the peritoneal cavity, and the autopsy might have been made in good faith without discovering that the bowels had ever been interfered with. He further submits the following propositions: 1. That the intestinal canal, from the pylorus to the rectum, is subjected to many local diseases which are not amenable to medical treatment. As examples, I might mention ulcer, stricture, impaction of contents, obliteration or sloughing from strangulation or inflammatory action, and the different neoplasms which affect the intestinal walls. 2. That the diagnosis and the approximate location of such lesions is usually easy and satisfactory. 3. That resection of any portion of this tract, especially of the small intestine, is a simple and easy operation, and from what little experience we already have of it in the human subject, a safe and satisfactory one. 4. That in the operation itself, catgut is not to be relied upon as a suture; the silk sutures are readily absorbed in the peritoneal cavity, or, at least, that they disappear rapidly without producing any irritation; that several of the sutures, if not all, should be interrupted, to prevent puckering and narrowing at the point of union; and that perfect union occurs when the whole thickness of the bowel is included in the sutures. It is therefore unnecessary and unadvisable to pare away the everted mucous membrane. 5. That removal of intestine, even in considerable portions, does not seem to affect digestion or nutrition. The paper from which these extracts were taken was read before the Canadian Med. Association, and the specimens, as the dogs were nearly all killed afterwards, were exhibited. We think the doctor's observation that it is unnecessary and unadvisable to pare away the everted mucous membrane a matter of importance. For one thing it saves time, and it must not be forgotten that the element of time is of considerable importance. We regret that the average length of time the abdomen was open was not noted.

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PARALDEHYDE AS AN HYPNOTIC is, and has been for the past twelve months, occupying the attention of some who are investigating the properties of some of the new remedies. It was introduced to the profession by the Italians. In appearance, at and above 50° F., it could scarcely be known from water and is practically of the same specific gravity. It is, however, decidedly disagreeable in taste, and its odor is penetrating. It requires about eight times its volume of water to render it soluble. It is produced from alcohol by oxidation and reduplication. The medicinal dose of it is from thirty minims to two fluid drachms. Its odor may be recognized in the breath, which seems to justify the assumption that it is excreted as paraldehyde by the lungs. Dr. J. C. Wilson, who has prescribed it in nine cases, expecting to get its purely hypnotic action, says: In one hysterical patient it acted well for a short time, but lost its effect, and was discontinued. In a patient who could not sleep, after having acquired the habit of watching an invalid at night, it procured prompt and refreshing sleep. In a lady, rendered sleepless by a sudden and appalling bereavement, it caused sleep, but was abandoned on account of the nausea which followed its administration. A gentleman who had sleeplessness and great mental depression, after a debauch, and who failed to sleep for several nights after reasonable doses of the bromides and chloral, took a drachm of paraldehyde, and slept seven hours, waking refreshed and hungry. On the next day this patient, being disturbed after he had taken it, failed to sleep, but succeeded in sleeping on taking a second dose. The other cases were sleeplessness from ordinary causes, and were all more or less fully relieved. It appears to speedily require an increase of the dose. If I may venture to express a personal view, it is that paraldehyde will prove a useful addition to our sleep-inducing drugs, but will supersede neither chloral, which it resembles in its effects, nor any others among them. It is, like new products of the chemical laboratory, at present expensive. There is no reason why a demand for it should not cheapen it. He makes a quotation of its physiological effects thus: "A lethal dose suspends the functions of the medulla and the respiratory center, and the action of the heart ceases after the respiration."

WE TRUST PUNCH OR PUCK will illustrate Dr. Green carrying out his ideas in the Lancet. We remember seeing these suggestions quoted in all seriousness in some medical journals, but the Louisville Medical News appreciates them correctly when it says: We hope the outside world may not see them. We might lose some of our best patients by death from justifiable excessive laughter. Dr. Green is outrageously absurd: 1. Always have the window opened before entering the patient's room or ward. 2. Never stand between the patient and the fire, but always between him and the open window. 3. If possible, change your coat before entering the room. 4. Do not go in for unnecessary auscultation or other physical examination. 5. Stay as short time as possible in the room. 6. Never, while in the room, swallow any saliva. 7. After leaving the sick-room, wash the hands with water containing an antiseptic. 8. Rinse the mouth with diluted "toilet Sanitas" or Condy's fluid, also gargle the throat with it, and bathe the eyes, mouth and nostrils. 9. Expectorate and blow the nose immediately on leaving the sick-room. 10. Keep up the general health by good food, exercise, and temperance. 11. In addition to the above recommendations, which are all pretty generally known, I would suggest another, which is, in my opinion, the most important of all. This is to filter all the air you breathe while in the sick-room or ward through an antiseptic medium. My method is to use a McKenzie's inhaler over the nose and mouth. I carefully soak the sponge in a strong solution of carbolic acid before entering the sick-room. It is so made that all the air breathed must necessarily come through this sponge, and the expired air is emitted by a valve action at another place. The only objection is the unsightly appearance one has with the inhaler. This objection is, however, a very slight one.

THE DISTENSION OF ALL POSSIBLE PARTS of the alimentary canal, by whatever means are the most available, we consider of the greatest practical importance, and we learn from the Practitioner that Prof. von Ziemssen recommends its accomplishment by carbon-dioxide. Several years ago this method was advocated in some of the French journals, and at that time it was suggested that the carbon-dioxide from a regular syphon could be utilized. We had the privilege of seeing an obstinate case of obstruction of the bowel subjected to the action of the gas discharged from one of these syphons, and our conclusion at the time was that the syphon was too unmanageable for the work in question. The case terminated fatally and the autopsy revealed a positive knot in the small intestine, together with old adhesions from previous inflammatory

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conditions; but it also revealed a positive rent in the colon, which was probably due to the too sudden introduction of the gas. From the following sentence—"This method (dilation by carbon-dioxide) is therapeutically contra-indicated by affections where the resistant power of the intestinal tube is diminished; but practically this contra-indication only exists in typhoid fever and tuberculosis of the intestine; in other cases of ulceration and malignant disease the author has never seen any injury"—we think there is reason to suppose difficulties similar to this rent referred to above may have occurred in other cases. We refer to this on account of what seems to us the objectionable method advocated of inflation. First, however, we will quote the various conditions in which inflation is said to be of service: This method is of great service in diagnosis, enabling us to form a definite opinion regarding the position, form, and dilatability of the small intestine, the more or less complete action of the ileo-cecal valve, communication of the colon or rectum with neighboring parts such as the stomach, small intestine, and bladder, or with the surface of the body. Regarding also the position of contractions or obstructions in the intestine, and sometimes also regarding the nature of an impediment to the passage of the feces, one most important use of this method is to diagnose the position of stricture or obstruction of the intestine in cases where it is desirable to operate. It also shows the position of peritoneal adhesions. Usually the ileo-cecal valve closes the small intestine completely, but under deep chloroform narcosis its resistance is lessened. Where a twist or obstruction is suspected in the small intestine, a distension under chloroform narcosis may be tried. It may also be used in order to remove alterations in position, bends, or twists in the colon, in place of the large enemata which have been recommended for this purpose. After diffuse or circumscribed peritonitis, and especially after perimetritis and peri-typhlitis, the method is theoretically contra-indicated on account of the tearing of adhesions, but in practice this is, on the contrary, rather advantageous. The tearing of adhesions by the distensions of the intestine with gas often causes intense pain, but produces no inflammation; consequently, repeated dilatation with carbonic acid is useful in removing the after-effects of peri-typhlitis, pericolitis, and periproctitis. As a therapeutic method, distention by carbonic acid may be used simply to evactuate the bowels. The method given for the production of inflation is by the separate introduction into the rectum through a tube of a solution of, first, bicarbonate of soda and a solution of tartaric acid. The evolution of carbon-dioxide takes place in the rectum just the same as when an ordinary Seidlitz powder is mixed. The quantity recommended is five drachms of bicarbonate of soda and four drachms of tartaric acid, but these have to be introduced at three or four separate occasions with an interval of several minutes. If the whole is introduced at once there is danger of excessive pain. We would suggest, however, that a more simple and less troublesome means of inflation would be through the medium of an ordinary Wolff bottle, such as chemists use, and thus all danger of too rapid evolution of the gas would be avoided, the substances used for the generation of the gas being mixed in the jar or bottle. An interesting question here suggests itself as to whether the carbon-dioxide under the circumstances produces any anæsthesic effects on the bowel, and if so, whether nitrous oxide or even oxygen might not be even more efficient.

Hyposulphite of Soda Solution, says Dr. W. E. Buche in the British Medical Journal, is more efficient in cleansing cancerous ulcers than carbolic acid, sanitas, terebene, resorcin, creasote, boro-glyceride, chloride of zinc or charcoal. This is satisfactory if true, as it is cheaper than any of them and is neither patented nor a patent preparation. The strength the doctor uses is equal parts of a saturated solution of the hyposulphite of soda and water. The parts are first well washed or syringed with the solution, and then where possible clothes steeped in the solution are kept in contact with the ulcer.

Religious Rites Gradually Yield to facts. It will perhaps be remembered that an epidemic of syphilis once broke out among the Hebrew children of Paris, and Ricord traced the infection to a holy but sinful Rabbi. The poor little ones had to endure the penalty of that villainous practice of the Jewish church, of the Rabbi taking the penis into the mouth after the circumcision, apparently in order to arrest hemorrhage. Such a practice needs a decree from the nabobs in the church before it can be stopped. Finally, the decree comes, however, that only such persons shall be permitted to perform the operation as shall be authorized by the Jewish Supreme Council. The rules laid down by this council are as follows: 1. The knife must be freshly polished and the forceps properly puri-

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fied. 2. The quadrangular pillow employed, as well as the sausage-shaped ring, must be frequently renewed, and, before every circumcision, covered with new gutta-percha tissue or new sarsanet. 3. The operator immediately before the operation, must carefully wash his hands with soap, and cleanse the nails with a good hair brush, taking peculiar care that no dirt be allowed to remain under the nails, more especially under those of the thumbs. The hands must, in addition, be washed in a five per cent. solution of carbolic acid. The operator is no longer to suck the wound, nor irrigate it with wine ejected from the mouth. Instead of this, the blood is to be removed by gently wiping the wound with pledgets of purified boracic lint dipped in wine. The wound is to be closed by being enveloped in a strip of ten per cent. boracic lint. The further removal of fluids and blood-clots is only to be effected by means of a new sponge previously soaked in a five per cent. carbolized solution or by salicylized lint. A medical man must be immediately called in if hæmorrhage be considerable, and cannot be at once stopped, or if it be from an artery. Such authorized persons are forbidden to perform the rite, if suffering from any infectious disease, and until complete recovery has taken place.

At the Rooms of the London Society for the Abolition of Compulsory Vaccination, on October 15th, Dr. Bernard O'Connor read a paper entitled: "A consideration of some of the Causes of Popular Objections to Compulsory Vaccination." After tracing the history of small-pox from the earliest times, he spoke of the intensity of natural small-pox, and dwelt upon the probable changes that take place in the blood after the introduction of the small-pox poison, adverting to the immunity from small-pox which a few even of the unvaccinated enjoy. He discussed inoculation, and the question of the identity of the poisons of cow-pox and small-pox, stating, as his belief, that they are "similar poisons, and identical in their kind." After reviewing the minor objections to compulsory vaccination, he went on to speak of the inoculation of syphilis with vaccination. There unquestionably had been, in this country, a few cases of syphilis resulting from vaccination; but nearly all of the many instances, in which vaccination had been charged by the parents with inoculating their infants with syphilitic disease, were instances of hereditary constitutional syphilis, occurring at the usual period, and presenting the characteristic symptoms. By degrees, the effects of the syphilitic poison had been detected in one or other of the parents—such as throat-affection, loss of hair, skin-symptoms, repeated abortions, etc. There was every inducement for the parents to saddle vaccination with the responsibility for the appearance of the syphilitic symptoms in their children; and what surprised Dr. O'Connor was, that vaccination was not more often charged with being the cause of this widespread infantile disorder. He saw twice a week, at a charitable institution, a crowd of syphilitic human beings, of all ages; and the majority of infantile syphilitic cases, whose average age was four months, had never been vaccinated on account of their unnatural infirmity. He had observed the occurrence of many diseases, the symptoms of which were usually regarded as the direct consequence of vaccination, more frequently in the unvaccinated than the vaccinated. He had noticed repeatedly that a slight scratch, in a child with hereditary syphilis, became a true syphilitic sore; and why might not a like result follow the incisions made on the skin during vaccination, without any blame attaching to the lymph? He believed that, if properly performed, there need be no fear that vaccination will injure health, or communicate any disease; but, even if syphilis were sometimes communicated, and the occurrence of seven cases in England during the past fourteen years showed that this did occasionally take place, that could not be regarded as a valid objection against vaccination righly performed, any more than could an occasional railway accident be regarded as the signal for the cessation of railway travelling. Dr. O'Connor thought that there was a great amount of insufficient vaccination in both urban and rural districts, coupled with negligence in the selection and mode of preservation of the lymph; and stated that sometimes public vaccinators filled up forms of successful vaccination, when, in reality, the operation had not been successful. A long residence in a small-pox hospital had convinced him of the almost complete protection afforded by duly performed vaccination; but nothing would shake this conviction sooner than the diversity of statements made, by professional men, as to the power of protection of vaccination (primary), as to the area of the vaccination scar, the necessity for the repetition of vaccination, etc. Jenner had set his estimate of the protection against small-pox afforded by vaccination performed in infancy too high; and Dr. O'Connor thought that, in addition to the best possible primary vaccination, re-

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vaccination should be enforced at puberty, and that this should be repeated again and again, at intervals of six months, until the individual was no longer influenced by the vaccine virus. In conclusion, he observed that a close perusal, during the past year or so, of all the antivaccination-literature he could lay his hands on, had shown him that it abounded in distorted statistics, and microscopic and disconnected quotations; while the ignorance of the laws of health, and of the elements of physiology and pathology, displayed by most of the writers and speakers against vaccination, showed their unfitness to sit in judgment on a subject beyond their comprehension.

Prior to 1877 a purely expectant plan was pursued in the management of labor at the Maternity Hospital in Copenhagen. (Gaillard's Med. Jour.) If delivery was not accomplished within three hours, then resort was had to extractive measures. Since September 1, 1877, the method of expression has been employed in every case. In comparing the results obtained in two periods of four years each, by the old and new methods (1,780 of the former, and 1,559 of the latter), Dr. Weiss states that: 1, the frequency of hemorrhage occurring during the period of delivery has been markedly reduced; 2, retained placenta has been met with much less frequently since the method of expression has come into use; 3, rupture of the membranes has occurred more often; 4, post-partum hemorrhage is now of very rare occurrence. In view of these facts, the author thinks that midwives should always be instructed to manage labor in this way.

In a Recent Number of the Medical Times and Gazette, T. Hammond Williams, L.R.C.P. gives notes of two cases of hystero-epilepsy in which he made use of apomorphine. (N. Y. Med. Jour.). Mental perturbation, he states, was marked in both cases. In one of them, he thinks, it was evidently the result of the uterine function being in abeyance. In the same case the vaso-motor system also seemed to be at fault, for, on pricking the skin, no blood appeared from the cutaneous arterioles and capillaries. The general nutrition and the condition were normal. Ovarian compression and the use of hydrate of chloral having proved of no avail, hypodermic injections of apomorphine were employed, one fifteenth of a grain at each injection. The first two injections failed to provoke vomiting, their action being retarded, the author thinks, by the fact that the patient was still under the influence of chloral. Finally emesis took place, followed by prostration, drowsiness, and sleep. "The drug," says the author, "no doubt produced emesis by being carried into the circulation to the great nervous center in the medulla oblongata, where, by its action, it excited vomiting, besides causing nausea and depression of the circulatory system, and diminishing the muscular and nervous power. It therefore acts as a direct emetic upon the so-called vomiting center, but as an indirect emetic in relation to the stomach."

It is Rare, says Cheron (Med. News), that amenorrhœa and dysmenorrhœa are not complicated by lumbo-abdominal neuralgia which adds to the painful state of the utero-ovarian apparatus in these affections. Tincture of iodine freely applied, every two or three days, over the region of the kidneys, acts very much in the same manner as the application of heat, that is to say, it stimulates the centres of vaso-motor innervation of the lumbar portion of the cord, and of the sympathetic, and at the same time tends to relieve the congestion of the genital apparatus. By this congestion the normal uterine flow is interfered with, being retarded or suppressed. The tincture of iodine alone will suffice when the lumbo-abdominal neuralgia is not internal. If the neuralgia is internal, Chéron employs the morphinated tincture of iodine: Tincture of iodine 30 parts, sulphate of morphia 1 part Used internally, iodine is, of all the emmena gogues, one of the surest in its action, more particularly in cases of corpulent persons with very white skin, in whom the lymphatic type is predominant. Iodine may also be employed with good effect in the following formula, whatever may be the cause of the men strual trouble: Tincture of iodine 1½ parts tincture of aconite 2 parts, syrup of tolu 400 parts. S. Dose, one, two, or three teaspoonfuls before each meal, or one spoonful for three days, two for three days, and three for as long a time as may be desired.

A Treatise on Masked Epilepsy, by E. Hjertstrom, is reviewed in the "Nordiskt Mediciniskt Arkiv., vol. xv., No. 8 (N. Y. Med. Jour.). The author defines masked epilepsy as a form of acute relapsing mania—or of mania becoming chronic through relapses—without convulsive seizures, but to which an epileptic character is imparted by the symptoms which invariably accompany it. His principal object is to offer an explanation of the disease from an anatomical and physio-

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logical standpoint. Basing his conclusions upon Nothnagel's investigations into the nature of epilepsy in general, and the opinions of Meynert and others concerning masked epilepsy, Hjertstrom assigns as the cause of the psychical phenomena in the latter, spasm of the nutritive vessels of the cortical layers, produced by an irritation of the vaso-motor center. All the symptoms can be explained by the pathological condition of the cerebral vessels during the paroxysm—but particularly the loss of consciousness, or amnesia, which is more complete in proportion to the severity of the spasm. The alternation of psychical symptoms and convulsions is regarded, in accordance with Nothnagel's theory, as due to the co-ordinate and yet independent relation subsisting between the vaso-motor and the convulsive centers, the minimum of irritability at the latter point being considered to exceed the minimum of irritability at the former.

THE RESULTS OBTAINED by Dr. Speck from experiments as to the effect of cooling on respiration are (Practitioner) that a cold bath, besides causing a marked diminution of the temperature, produced a moderate increase in the respiratory rate, with corresponding alteration in the absorption of oxygen and excretion of carbonic acid, and a very slight increase in the activity of the oxidation processes in the body. The latter increase occurs about twenty minutes after the bath, and then is succeeded by a slight diminution. The respiratory rate, which is increased during the bath, becomes after it normal, or sinks under the normal and rises again twenty minutes after the bath, and then remains increased for a long time, the respirations being deeper than usual. The author did not observe the marked increase of the oxidation processes which most others have noticed.

FLORIANI HAS RECENTLY TREATED six cases of telangiectasis (Practitioner) with sublimate collodion (15 per cent solution). The collodion is put on in four layers by means of a camel's-hair brush, each layer being allowed to dry thoroughly before the next is applied. On the fourth day the edges are raised and a second series of four applications are made, this being repeated every fourth day until the swelling disappears and the edges are depressed. After the crust falls off the place seems depressed and reddened, but soon resumes its normal color. This treatment is painless and requires only one or two months to cause an angiomatous tumor to disappear.

THE ETHER SPRAY is employed frequently at the Hospital St. Louis in Paris (Practitioner), for the production of local anæsthesia. A little device, first indicated by Dr. Letamendi, of Barcelona, but not hitherto utilised in practice, is employed by Dr. Vidal to shorten the duration of the process of congelation. It consists in making a slight prick with a needle at the point upon which the spray is directed, at the moment when the skin assumes a purplish hue, and when the ether commencing to solidify assumes an oily consistency. The little puncture made at this time excites a reflex constrictive action of the vaso-motor nerves, the blood is driven from the part, and the skin becomes white. Another method of hastening the process consists in placing little wads of lint about the part, thus increasing the surface of evaporation.

IN A PAPER ON THE TREATMENT of hard chancre by excision, read before the Cincinnati Medical Society by Dr. Ravogli, the following conclusions are given (Cin. Lan. and Clinic, Dec. 8, 1883): 1. The excision of the hard chancre is a very easy and innocent operation. 2. Performed at the first appearance of the chancre, when the lymphatic ganglia are not affected, it can destroy the depot of the syphilitic virus. 3. It would be necessary to try this operation when the chancre is easily removed, not implicating the tissue of the glands, and when it does not leave ugly scars. 4. The excision of a chancre, if unsuccessful, has no influence on the consequent development of syphilis. In three cases I had complete success, in one case failure. The first case was operated on five days after the first appearance of the chancre, the second after six days, the third after nine days. The fourth case was operated twelve days after the appearance of the chancre. In the first three cases the chancre was seated on the internal membrane of the preputium, in the fourth case the chancre extended to the tissue of the glans. I consider as a cause of non-success in the fourth case, the longer time during which the chancre remained, and the site of the chancre on the tissue of the glans, where its excision is more difficult. I think, gentlemen, that you will not be afraid to try this easy operation, which at an early time in the appearance of chancre can save a man from a disgusting disease, which infects not only himself, but also his family.

A FATAL CASE OF INVERSION OF THE UTERUS due to traction on the cord, is reported by

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Dr. Geo. Huntington, of La Grangeville, N. Y. (Med. Record.) He was called to attend a woman in labor, but as she lived some distance off, the labor had terminated and the woman was dead before he arrived. It seems that she had been attended by an old colored widwife, who, after the birth of the child, had made such traction on the cord that the uterus was inverted. Great hemorrhage occurred, and the woman died within an hour after delivery. "The case shows," writes Dr. Huntington, "two things: one being the danger that country women more especially run by entrusting their lives to ignorant old women, who doubtless mean well, but whose ignorance often leads them to do irreparable mischief; and the other, that forcible traction on the cord is dangerous and should never be resorted to."

M. Maragliano states in the Med. Press, November 21, 1883, that he has used strychnine in cases of cardiac dilatation with very good results. (Med. and Surg. Reporter.) At the first examination he carefully found out the dimensions of the heart, and after the internal use of this medicine for a day or two, he discovered the dilatation was greatly reduced in size, and when he had continued the treatment for a week, the diminution was very marked indeed. If the strychnine is not continued for some time the beneficial results disappear, but when given in the form of sulphate in doses of two or three milligrammes three times daily, it gives great relief.

A Just Sentence was passed upon a chemist named Armand, residing at Vassy, in the department of Haute Marne, France, who has been condemned to pay a fine of $2,000, and $400 damages, to a M. Junot, under somewhat singular circumstances. Mdme. Junot, the wife of the prosecutor, was, it seems, in the habit of making frequent purchases of morphia from the defendant for her own use, with the result that, not long since, her mind became so seriously affected that it was found necessary to confine her in a lunatic asylum. On this ground, M. Junot brought an action against the chemist, with the result above mentioned. Druggists have no business to sell such dangerous drugs, save on prescription.

Quoting from the Therapeutic Gaz., in regard to the use of nitrite of amyl, the Med. and Surg. Reporter says: We learn that D. Anhona (Gaz. Med. Ital.) has employed this remedy for five years, and is well satisfied with his results. According to his experience it is indicated, and has good effects in acute febrile diseases of the respiratory organs, where weakness from old age and a high degree of dyspnœa endangers the life of the patient. The action of this drug passes off rapidly, in fact it ceases when inhalation is suspended. In this manner it may be given for days, if necessary, without bringing on any bad effects. The author thinks the fear of properly employing nitrite of amyl is the reason of its failure in many instances. He applied it by putting five to twenty drops on a handkerchief, from which it may be inhaled, and repeated as often as may be necessary.

Dr. Gilbert Ballet writes in Le Progrès Médical of October 27, 1883, concerning a symptom of tabes dorsalis, mentioned by few writers (Med. Rec.), yet of frequent occurrence according to his experience, viz., hemiatrophy of the tongue. The atrophy is in every case unilateral, although the other signs of locomotor ataxia are bilateral and often nearly symmetrical. There is a marked diminution of size on one side, whether right or left, and on this half there are numerous ridges and grooves, giving a peculiar appearance to the organ. There is sometimes a slight trembling with fibrillary contractions. The tip of the tongue is sometimes deviated slightly to the atrophied side. This hemiatrophy interferes very little with speech, and not at all with mastication and deglutition. In most of the cases observed by the author there was paralysis of some of the eye-muscles or atrophy of certain muscles of the extremities. A fact that renders this symptom of special importance is that it is among the earliest manifestations of tabes dorsalis. It may, in fact, exist at a time when the other signs are either very obscure or have not yet made their appearance. When, therefore, unilateral atrophy of the tongue is encountered, one ought at once to think of the possibility of locomotor ataxia.

The Case of a Young Lady, of Nervous Temperament, and coming from a nervous family, who suffered nearly every day from sudden paroxysms of sneezing, is related by Dr. Joseph Herzog in Allgemein Med. Cent-Zeit (Med. Record). The nasal mucous membrane became swollen and the nose was stopped up; there was a serous, and sometimes later, a purulent discharge from the nostrils, lachrymation, and diminished sense

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of smell; the face became flushed, there was frontal headache, ringing in the ears, and sometimes a burning sensation in the throat and external ear. The entire attack lasted only two or three hours, and was usually shortened in its duration if the patient placed herself with her back to the fire. During the menstrual periods the attacks were more severe and the discharge from the nose very profuse. Nothing abnormal was to be discovered in the throat or nose during the intervals between the attacks. The injection of a weak soda solution into the nostrils was ordered, while internally arsenic, in increasing doses, was exhibited with good effect. The author observed the same condition, which he denominates rhinitis vasomotoria, in a child two years old, The child usually took a nap in the afternoon, lying in a hammock in the garden, and whenever he did so, would be awakened by a strong fit of sneezing, accompanied by a nasal discharge, lachrymation, and all the other symptoms of severe coryza. The attacks lasted about two hours, and did not occur if the child was put to sleep in the house. Dr. Herzog regards the affection as a vasomotor neurosis, and thinks that it arises in individuals of nervous disposition in consequence of some peripheral irritation, which, by reflex influence, excites the vasomotor nerves of the nasal cavity to greater activity. As a consequence, there is increased afflux of blood to the parts, giving rise to swelling of the mucous membrane and increased secretion. The author states incidentally that hay-fever is also a nervous coryza, and that the asthma accompanying it is of reflex origin. The treatment consists, locally, in the application of any of the commonly employed remedies. Internally, the author recommends the vasomotor remedies, aqueous extract of ergot (9 to 13 grains per diem in pill form), atropine, and especially Fowler's solution (3 to 10 drops three times a day). Other drugs may be used, as quinine, cannabis indica, iron, zinc, bromide and iodide of potassium, and the salicylic preparations. Sea-baths, cold water applications, and electricity may sometimes be of service.

THE DAILY PAPERS HAVE LATELY reported a strange instance of a physician's downfall, occurring in Pennsylvania, the details of which are as follows (Virg. Med. Monthly): Dr. James C. Buck, of Braddocks, was a rising young practitioner, with a practice of over $3,000 a year, but desiring to increase his income joined what was called the Gordon gang of highwaymen, and acted as their "stool pigeon," decoying persons who were supposed to have well filled pocket-books, into unfrequented places, where other members of the gang were lying in wait. The doctor was a very gentlemanly appearing man, and his prepossessing manners and plausible address enabled him to act his part to perfection. He was found guilty upon trial, and the unhappy man was sentenced to imprisonment for a term of five and a half years in the penitentiary.

DR. M. D. BRIGGS writes to the Med. Record as follows: "On the 2nd of November last I was called to see the child of Major J——. On arriving I found an infant of ten months burdened with an immense growth springing from the lumbar region, the entire left buttock and hip, and from the upper portion of the posterior aspect of the left thigh. It was a large sac distended to its utmost capacity with a straw-colored fluid. Of course the diagnosis and prognosis were not difficult to make. I only report it as interesting on account of the great size of the tumor, which measured thirty inches in its longest circumference and twenty-six inches in the transverse. In all the literature to which I have had access I cannot find an account of any such growth that even approximates it in size. I endeavored to have it photographed, but could not obtain the consent of the parents. It was already ulcerating at the most dependent portion. In a few days it ruptured with a fearful gush, and in five days the child died from meningitis. A post-mortem could not be obtained. The growth was about the size of an orange at the time of birth."

A CASE OF KEROSENE POISONING is reported by Dr. C. S. Wheeler, of Williamsburg, Mass., in the Med. Record. He says: "I was called October 29th to see a child eighteen months old, who had swallowed an unknown quantity of kerosene, though the amount probably did not exceed two ounces. The little patient, seen one hour subsequent to the swallowing, was vomiting, purging, cyanotic; a tendency to coma existed, the pulse was 130, weak, and somewhat irregular; respiration was also irregular. Treatment: ordinary emetics were given before my arrival, hence only stimulants and alkalies were ordered. After a few days of gastro-enteric febrile movement the child recovered. I have heard of several ounces of kerosene having been taken by adults without perceptible results, but the above case compels me to doubt the statement."

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CONTRIBUTION.

A PLEA FOR THE OVARY.

BY P. V. SCHENCK, M.D.

Clinical Lecturer on Gynecology, Missouri Medical College, etc. Read before the St. Louis Medical Society, April 14, 1883.

"To know the natural progress of diseases is to know more than the half of medicine."

A number of peculiar cases which have lately been under my charge, the experiments of Charcot, the operations of ovariotomy, the cases of Battey's operations which I have seen, have called my attention to the claims of the ovary. If we congratulate ourselves, says Scanzoni, upon the progress which has been made during the last few years in the appliances for the diagnosis and the success in the treatment of diseases of the uterus, we should on the other hand censure ourselves that, as to the diseases of the ovaries, our efforts have been almost in vain. These organs seem to be removed so far from the general sympathies of the system, so isolated in position, so independent in function, and so intimately connected with that occult system—the nervous system, that, as Dewees says, the common agents for the removal or control of diseases seem to waste themselves in unavailing attempts to influence their actions or to modify their affections. The function of the ovary is for reproduction; there is produced by it no glandular secretion. The ovum is an anatomical element which is developed in it. Tilt, whose views I shall often use, puts them down as the prime movers, the dominant power, in the sexual system. Yet they are not the seat of sensuality, for sensuality is a sense dependent on the sexual apparatus for its fruition, and the ovaries are the main centre of this apparatus. Besides presiding over generation, they control nutrition. There is no perfection of organization in the female without ovaries. Virchow and others have stated that the ovaries give to woman all her characteristics of body. The anatomical position of the ovaries shows their importance, and physiologically all the other sexual organs are but appendages to them—they are more highly developed and more complicated in their functions than any other gland; their influence is the paramount one of our creation. Tilt has aptly called them the workshop of generation, the mysterious source from whence it has pleased the Almighty to let flow through all time the stream of human life. The ovarian influence during menstrual life is the dominant power. Leishman calls the attention of the profession to extra uterine pregnancy; how that, as Burns says, the uterus contracts and discharges its contents. That this physiologically is strong corroborative evidence that the cause of labor has its seat, neither in the foetus nor in the uterus, but is probably to be found only in the ovary—even in the genesial cycle, which obstetricians are so fond of referring to—the successive domination of the ovaries, the uterus, and the mammæ, is only partly true. The ovaries are not entirely quiet; their rest is that which a general takes whose troops are marching, plumed with successful battles.

If there be anything in immortality—if there be anything which causes womankind to feel that her creation is for perpetuity—it is that spirit which takes possession of her at puberty, that spirit whose lodging place is more likely in the ovary than in the pineal gland. This spirit infuses new life; the person in whom it enters is born again. Passing the effect upon nutrition, the connection they have with the nervous system is most marked. The intimacy with the ganglionic nervous system was known and acknowledged even by the ancients. Plato, Galen, and Von Helmont all refer to it; hence it has been said the generative power is located where pugilists are forbidden to hit, and that is below the belt. The debauchee and the roué are at a loss for terms to express the annoyance of their sufferings at the pit of the stomach. In woman the intimacy between the solar plexus and the ovary is much greater than that of the solar plexus with the testicles in man. The ovaries are more elevated in the sphere; they preside over the ganglionic system, and make no connection with the cerebro-spinal. They therefore greatly control, during menstrual life, the system of organic life, and the epigastric region, the "cerebrum abdominalis," holds the power of preserving harmony of action in the economy against the cerebro-spinal. The functions of nutrition and generation are thus united, and it is well that women are so formed, for they are made to sustain a strain which is always heavy, and sometimes more than they can bear. The period of pregnancy, the ordeal of parturition, the wear and tear of the sexual and general system, all need the endowment of an extraordinary power. The whole married life is one of ruptures and lacerations; she runs the scale from the rupture of the Graafian follicle and hymen, in the tearing off of the placenta, the laceration of the cervix, the denudation of the vagina, to the rent in the perineum. Now, then, the

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next question is, does this important organ affect diseased action, or is it itself diseased? Bennett says the ovaries have no mucous membrane, hence they are seldom affected with disease, except sympathetic disturbances, and were it not for the Graafian vesicles they would suffer less frequently from inflammatory diseases than they now do. The inflammation of these organs was known to the Greeks, such as Paulus Aeginata, and it is shown that the Arabians copied from previous writers. As the Jews were the chosen people to preserve the sacred scriptures, so were the Arabs to the literature of our profession. The school of Salurnum was our ark of the covenant. The writings of our forefathers come to us now with a freshness and an interest worthy of a new edition; they bear with them, if not the inspiration of Divinity, the inspiration of time. Goodell says that the paramount influence of the unseen ovaries over body and mind is too much overlooked, that symptoms usually referred to other organs find their base in a congestive irritation or perhaps an inflammation of the ovary. Dewees says these organs are very liable to disease. This view Scanzoni reiterates. Barnes says an organ performing so important a function cannot be expected to enjoy immunity from inflammation. Heming found out that in the post-mortem examination of eighty-one bodies, a diseased condition of the ovaries was found in fifty-three, Emmet places it that in woman, as a higher type of development, the brain is made to participate more or less in every disturbance in the ovario-uterine circle. And as the ganglionic system is developed to a greater extent in the female than in the male, they are more liable to reflex disturbances such as arise from ovarian disease. Thomas remarks that for many years he was a sceptic as to the frequency of ovarian disorder as the cause of the ordinary symptoms of uterine disease, but that now he is convinced of its truth. Tilt contends that the ovaries, as a body, are more frequently diseased or disordered than the uterus. Neuman said of all the organs of the human frame none are so often affected by disease as the ovary. Now, what diseases, or rather what class of diseases are directly caused or take their origin from the ovaries. We know that during ovulation the female is more susceptible to zymotic diseases than at other times. Peritonitis is more likely to occur during menstruation. Ovarian congestion will produce in the uterus displacements; under the influence of a diseased ovary menstruation is disturbed, sterility is produced, premature labors occur, and miscarriages are frequent. The connection between generation and nutrition causes, if the ovary be affected, a chloro-anæmia. The anæmia of ovarian dropsy, alone diagnostic to the trained eye, and which has been so graphically described and named "facies ovariana," is not entirely due to the amount of albumen found in the cyst. The nerve force of the ovary must be expended if it does not affect the uterus; if the uterus does not respond, we have fibroid growths; when the ovary loses its power, when the change of life occurs, then we have malignant diseases to occur in the womb.

The most important association is with the nervous system. Hysteria, says Goodell, is liable to billet itself upon the reproductive system. It has been called the throne and seat of hysteria. Schmitenberger observed the outbreak of hysterical fits at the close of an attack of inflammation of the ovary. Such old writers as Vesalius, Riolan, and Lientard have noticed a morbid condition of the ovary in those who were much afflicted with hysteria. Negiur supposed it was owing to the compression of the nerves of ovary, and consequent reaction on the adjoining nervous plexus. The globus hystericus seems to arise from the iliac fossa. A morbid state of the nerves of the sexual apparatus extends often to those of the rest of the body. Charcot has made use of the fact, that the ovary is the starting point of hysteria, by exerting strong pressure over the ovary where the aura is seated. In his hospital he has often shown the effectiveness of this method, alternately checking an hysterical fit or allowing it to go on by applying or removing compression. He makes use of a sort of tourniquet. In manual compression the fingers are pushed down behind the pubis, where the artery can be felt distinctly beating.

Next, let us notice the stomach. Broussais saw in this organ the source of all ills. Bean has laid great stress upon the fact that nearly all dyspeptic persons labor under nervous symptoms analogous to those from which hysterical women suffer. All the intestinal tract suffers from ovarian troubles. A frequent phenomena in ovarian dysmenorrhœa is the swelling of the lower abdomen; it is due to a distension of the intestines, and is a result of a loss of tone of the intestines. It is through the interference of the functions of the stomach that we have the consequent anæmia, and these functions are prevented by deficient action of the solar plexus. Fothergill has aptly described an ovarian dyspepsia, caused by an enlarged left ovary pressing upon the rectum.

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The sympathy between the genital organs on the one hand and the stomach on the other exhibits itself even in health. La Motte refers to women who vomit "sola actione coitus."

Next let us notice the influence which the ovary exerts over the action and condition of the heart. The nerves of the heart consist of branches of the par vagum, sympathetic, and besides these it has its peculiar ganglia. The pneumogastric is the moderator of its activity. Palpitation of the heart may be produced from reduced energy of the pneumogastric, or from over excitement of the sympathetic. From the investigation of Bezold we learn that nerve fibers originating in the medulla oblongata run the length of the spinal cord, and that by irritating these the functional activity of the heart is increased, they pass out from the cord with the spinal nerves, and become entwined with the sympathetic of the thorax and abdomen, whose branches extend from below upwards. The sympathetic causes a change in blood pressure. The nutritive stimulating power of the ovaries is exercised over the heart; during pregnancy the heart enlarges. Women suffer more than men from nervous derangements of the heart's action. Too great indulgence in sexual intercourse affects it, and nervous palpitation is frequent in derangement of the sexual system. In man we have a testicle force producing palpitation in venereal excesses, but this does not equal the ovarian force in women. Schmidtman has said that whenever a young man consults him for cardalgia, he suspects onanism. Every gynecologist is familiar with cases where the restoring of a prolapsed womb has relieved the neurosis of the heart.

A case in the American Journal of Obstetrics, July, 1878. I was present when this case was operated on, and it was noticed by every one there that when traction was made on the ovary, it was at once followed by pallor of the face, sinking expression, and a sudden slacking of the pulse; the pulse falling from 70 to 40 per minute. As soon as traction was relieved the pulse again rose. This condition of affairs I have noticed more or less marked in every Battey's operation. In illustration of the influence I will cite a case among many which I have had under my care:

Mary M., aged 37, social condition, married, occupation housewife. Commenced to menstruate at 14 years of age. Was married at 18. She has had five children, four still living. Labor lasting, she says, about 24 hours in each case. Has had domestic trouble since her second marriage, five years since. Her present husband is a drunkard. Her health was very good until a year ago, since which time she has been excessively nervous. Though her physique is good, and her intelligence fair, yet there is an expression of uneasiness and apprehension. She knows, to use her own expression, that it is foolish, yet she is afraid of everything; afraid to be left at home, afraid to go out; a knock at the door of her house would cause her to become so frightened, and it would so increase the paplitation of the heart from which she constantly suffered, that she would be unable to open the door. She has a headache worse during the period of menstruation. She was unable to have intercourse with her husband because it exaggerated her nervous symptoms. Domestic duties were a care beyond her ability. She suffered from shortness of breath on going up a flight of stairs; life became a burden to her; such was her condition when she was brought to the hospital. The physician who had attended her informed me that he had used in the case all the antispasmodics and failed. I examined the patient carefully, but could find no organic disease; the womb and ovaries appeared normal. The treatment pursued was: good diet, fresh air, bromide potassium, and digitalis; then quinine, hydrobromic acid with digitalis, keeping the bowels open with laxatives. These failing only as a temporary relief, I then used rest and massage, but with no apparent benefit. After a long course of treatment I again examined into the condition of the ovaries, with my finger in the rectum against the left ovary, requesting my assistant to make counter pressure over the abdominal wall. After this had been prolonged for sometime, the patient, with the utmost gratification, expressed her relief as complete, that she had not felt so well for over a year. This freedom from nervousness and pain lasted as long as the pressure continued, and the palpitation of the heart subsided. I found that by external pressure alone I could relieve her suffering at will. The radical treatment in this case would have been to remove the ovary, but the results of this operation are as yet hardly equal to the danger involved. I therefore had an apparatus made similar to Charcot's tourniquet, and upon applying it the patient received great relief; so much so that when she left the hospital she was free from nervous trouble of every kind. It is now two years since I treated her, and she is in good health so long as she uses the apparatus, which she continues to do. I know the anatomical location of the ovary would seem

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to be too low to be influenced by such pressure; but this case, with many others, has proven to me the utility of such appliances. Following the important influence of the ovary, do we find it to affect in any way the brain? Morbid influences are carried to the ganglia, and from there they are transmitted to the brain. The periodical excitement of the ovary has much power in brain impression. Pritchard contended that epilepsy may thus arise, and that sterility conduced to its occurrence. Scanzoni has reported a cure from marriage, and recommends it as a remedy. Removal of the ovary has been proposed when the epileptic aura seemed to arise from this gland. The neuralgias occur in women mostly during the period of sexual activity, and the sex has a special predisposition to them, especially to hemicrania and neuralgias of the head. In conclusion there is no doubt that there are many women in our land whose lives are rendered miserable and wretched to an extreme degree by reason of the influence of their ovaries as an originator of disease.

In our study we should remember there are two poles of the internal sexual organs, one at the cervix, the other at the ovary. In our attention to one we should not neglect the other. In our study of the womb and body we should not neglect the brains of the sexual system; the cerebral matter found in them can hardly be called hetero-plastic. There are many diseases, says a late writer, that are forced to do these organs homage by wearing its livery.

There is no organ concerning the diseased condition of which our diagnostic skill oftener fails us than in the ovaries. Heming, by his post-mortems, has shown that not one in ten of diseased ovaries was diagnosed. But, says an opponent, this ovarian cause of disease is pure theory. So thought some of the profession in treating of uterine diseases before Sims discovered his speculum. So it was thought when Bright traced dropsy to disease of the kidney. Theory if it be must be combined with practice. Out from the professional world our use of glasses comes from the principles of optics. The exploits of mariners are the fruits of a knowledge in the principles of navigation. Thus it is not necessary for a mariner to visit all the ports in the world in order to conduct his vessel in safety to them. In the treatment of these diseases we must be guided by that operation of the mind which consists in drawing inferences from facts. There is nothing that commands greater interest, there is nothing more worthy of that interest than the ovary. Man striving to leave to future generations the impress of his mind, strives in vain without the ovary, for it is only through it that there can be future generations to be impressed. The womb without the ovary is useless; it is a receptacle without anything to receive, with contractile fibres without anything to expel, a house without an occupant, a hall without a house. I believe the future of our profession hangs much on the study of the two great centers, the brain and the ovary; they are points where there seems to be a meeting between the finite and the infinite, the places where thoughts and beings are created, where we find more than elsewhere the impress of the Creator, where we get, as it were, into his private office. Some, again, say it is too occult to study the diseases of the ovary. You meet, it is true, the whole force of the army when you endeavor to reach the head-quarters of the Commanding General, but it will be done.

The early workers in our profession made great successes though lacking the appliances we now have. Hippocrates, when he was sent for to see Pendicas, the king of Macedonia, who was thought to be a consumptive, though he made his great reputation by opposing the views of the local physicians, had not then what we have now, the advantage of auscultation. When the plague visited the Illyrians, he, loving Greece, did not—though invited so to do by the king—did not go, for he knew that the disease would extend to Athens; yet he had not our knowledge of the laws of infection, contagion, and hygiene. Sydenham, when he treated Mrs. Saltmarsh for dropsy, little knew that the dropsy was nothing but a symptom of the heart lesion. Asclepiades, when he placed dropsy as caused by the bad state and disposition of the pores, when he taught that the flesh in this disease was perforated with various small holes which converted the nourishment received into them into water, little thought that the liver was the origin. Alexander, who flourished during the reign of Justinian, little thought that his description of dropsy would be used as the first description of a disease of the kidney, now known as Bright's disease. Little did the Lydians, when they castrated the human female in order to enable them to serve as eunuchs, think that they were starting an operation that would end in the removal of immense ovarian tumors. When Marcus Scipio diagnosed the position of the fœtus by palpation, little did he think that he should have applied the ear as well as the hand.

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Little did the youths of the present age think, when they amused themselves with laughing gas, that they were playing with an instrument that would be the greatest boon to humanity that was ever discovered. What our future is, what advances in diagnosis and treatment, is full of hope. The rapid advances during the last thirty years are a safe index. During this time ophthalmic surgery has been raised to almost a perfect art; laryngeal surgery is one of our latest gifts. Such an advance has been made in obstetrics that it comes to us almost anew; and gynecology, thanks to Recamier, as well as to Schrœder, Barnes and Sims of our day, is opening the broadest and most promising special field for the relief of human sufferings. With education and study the mysteries of the ovary will be fathomed. Men may become wise and distinguished by meditation or observation in the science of morals, or religion; but education and study are absolutely necessary to constitute a great physician. It has been well said that those who are not familiar with the cause of disease and the form of the human body, treat diseases hoodwinked.

SOCIETY PROCEEDING.

ST. LOUIS MEDICAL SOCIETY.

St. Louis, Dec. 29, 1882.

The Vice-President, Dr. Dudley, in the chair.

Dr. Mullhall presented a specimen of fusiform aneurism of the aorta, to which were added several sacculated aneurisms. There was calcareous degeneration of the coats of the arteries. One saccule had pressed against the left common carotid and obliterated its lumen. The larynx of the same patient was presented. At first there was no paralysis of the vocal cords, but inco-ordinate movements. Later on there was paralysis of abduction in the right cord and the posterior crico-arytenoid muscle was atrophied. A papilloma existed in the left cord. There was laryngeal and tracheal dyspnœa, the former being paroxysmal. The radial arteries are rigid.

Dr. Scott had a patient who complained of asthma. He examined him thoroughly and found a large tumor under the sternum. Dr. Mullhall also detected this tumor and found paralysis of the vocal cords. The heart seemed to be in the supra-gastric region four inches down to the left. The diagnosis was of a mediastinal tumor. There were no symptons of aneurism. On post-mortem an enormous aneurism of the arch of the aorta was found. The clot weighed two pounds and seven ounces. There was scarcely any hypertrophy of the walls of the heart. There was an open channel through the clot the size of a finger, and recent clots located in it.

Dr. Mullhall stated that in his case the diagnosis at first was aneurism, but later, doubtful. There was a double bruit at the base of the heart, and a pulsating tumor at the root of the neck, the pulsation ceasing in two months. In Dr. Scott's case it was the laminated fibre alone that weighed what he stated. The blood was not weighed. There was only paralysis of abduction of the left vocal cord.

Dr. Watkins had a patient, three years ago, who was treated for asthma and some pulmonary affection. He was a coal miner, and his comrade having left him for a short time, returned and found him dead with a pick in his hand, death having been instantaneous. The autopsy revealed an aneurism, the arch of the aorta having ruptured. It was impossible to diagnose aneurism before death.

Dr. Mullhall said that there must always be some doubt unless the pathognomonic sign of aneurism is present, that is synchronous pulsation with the heart.

Dr. Hurt observed a case in which there was a large tumor beneath the sternum which pulsated synchronously with the heart. It was diagnosed as aneurism. Dr. Hodgen saw the case, put the man on iodide of potassium and he got well.

Dr. Atwood said that no reference had been made to the bruit du diable in the first two cases mentioned. Twenty years ago he met a curious case in which there was congenital displacement of the heart to right side. A distinct whirr was heard. Aneurism was diagnosed by another physician, but it is not aggravated since, and he is in execllent health. He insured his life for $70,000 recently.

Dr. Engelmann has observed a peculiar pain in a number of cases of abdominal aneurism. There is intense pain at the pit of the stomach and no bruit. The pain is similar to that found in phthisis and in disease of the pancreas.

Dr. Porter said that the specimen confirmed what he had said, on a previous occasion, of paralysis of the right vocal cord and accompanying aneurism, whilst the bruit does not always accompany it.

Dr. Holland presented a specimen of encephaloid cancer of the lung. The man,

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aged 45, was apparently in perfect health. In three or four months a tumor developed on the right side, which became larger than the left. The case was examined with Dr. Prewitt, and it was not thought to be connected with the liver. The greater part of the lung is involved. The liver extended over to the left side. There was only pain in the right iliac region and the axillary glands were not swollen. There was no syphilis.

Dr. C. E. Briggs read a paper on "The Office of the Alkalies in Physiology and Therapeutics."

In opening the paper the author stated that he had found citrate of potash having a slow and continuous action in rheumatism, the improvement being constant. In a case of diphtheria in a lady he used the same remedy, with food, tonics and stimulants and iron locally. Convalescence was rapid. He spoke of the action of alkalies in diphtheria. In a boy with a burn on the leg, milk and bi-carbonate of soda were used with good effect. In a case of hereditary, persistent gout, alkalies were used with advantage. Numerous cases of urethritis were benefited by them. All this drew the writer's attention more especially to the alkalies. The physician may be called to antagonize acids, prevent, neutralize or strengthen alkalinity. The development, formation, etc., of acids and alkalies in the body involve numerous and complicated processes. The blood is alkaline in reaction, but the normal degree has not been determined. It is maintained by the passage of alkalies of the salts in food. It is removed by alkaline secretions, and the acids are withdrawn by secretions. The saliva is more alkaline and the urine less so during digestion. The acids which are neutralized or eliminated are formed by the oxidation or disintegration of the organic constituents of food. The quantity of acid matter passing out by the lungs, kidneys, skin, etc., is quite large. It is evident that if this diminution is interfered with the acids will acccumulate in the body. Acetic, tartaric, citric, malic and oxalic acids are the principal ones introduced in the body. The quantity of alkali in the blood is regulated by the kidneys. Uric acid is not so as to litmus paper, yet urine is acid; gastric juice is acid, and the perspiration also. Dr. W. H. Gaskell, of Cambridge, England, has shown by experiments that outside of vaso-motor influences, acids lower and alkalies restore the beats of the heart.

Schmiderberg and Hopper made confirmatory experiments. Gaskell found the same action on the muscles of blood vessels as on the heart in the frog. Richardson found that, by injecting lactic acid into the peritoneum of a cat, it died of endocarditis. Simon, of St. Thomas', found the same. Gout is dependent upon an excess of uric acid and formation of urate of soda. The blood serum is alkaline, but not to a sufficient degree. The most approved remedies in this disease are a restriction of nitrogen food, increasing the alkalinity of the blood, and dissolving the deposits of urate of soda. Among the best remedies is colchicum. Its mode of action is unknown. Gout is the offspring of liquids containing alcohol and sugar. Large quantities of water and alkalies should be taken, avoiding Vichy water. Urate of lithia is very soluble. Scurvy is another disease in which phytolacca decanbra and citric acid or tartaric acid with alkalies are the remedies par excellence. The rationale of the action of alkalies in burns was given. The reasons for their use in various diseases were considered, as also the relations of acids and alkalies in digestion, and the proper application of different remedies in the various forms of dyspepsia. The alkaline and the salicylic acid treatment of rheumatism were considered, the latter often causing death by causing trouble in the heart. The paper finished with remarks upon the propriety of keeping the acids and alkalies in balance with a proper degree of alkalinity of the blood.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Thursday Evening, Dec. 27, 1883.

The president, Dr. Tyson, in the chair.

CASE I.—FRACTURE OF THE BASE OF THE SKULL.

Exhibited by Dr. Guy Hinsdale.

J. H. W. aet. 50, fell on the ice Dec. 8, 1882, striking upon the stone pavement. The blow was received on the posterior and left side of the skull and the skin was not broken. He was shortly afterward admitted to the Episcopal Hospital, and was totally unconscious. Blood was found flowing from his mouth and left ear and his nose contained clots. His pupils afforded no evidence of his condition, because of an iridectomy which had been performed on both eyes some years previous. He talked incoherently; breathing was labored and at times stertorous. Paralysis of the left leg was noted.

Blood continued to issue from the left ear, and on the second day the discharge became thin and continued serious until his death,

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which occurred on the eleventh day. The urine was examined several times and found to contain sugar in moderate amount, but no albumen. Urine was passed freely. The patient never regained consciousness; he became more stupid and paralysis of the left leg remained.

At the autopsy a superficial clot was found over the brain beneath the seat of injury. A very large clot was found over the right frontal region beneath membranes, and filling the sulci between the convolutions. This was the result of the counter-stroke, the force having been first received at a point diametrically opposite, and fully accounts for the left sided paralysis. The fracture was slightly over five inches in length. It extended from a point in the left occipito-parietal suture one and a half inches behind the temporal bone, and traversed the suture, passing through the petrous portion of the temporal, the auditory canal, close to the inner side of the foramen ovale, towards the foramen rotundum, where it terminated.

CASE II.—NECROSIS OF THE TEMPORAL BONE AND BRAIN ABSCESS.

This specimen was removed from the body of Margaret P., aet. 46, who died in the Episcopal Hospital Sept. 21, 1882, after long standing aural disease.

In early childhood she had scarlet fever; this was followed by aural catarrh, and the discharge from the ear continued until her death. She stated that when twenty-two years of age a polypus could be seen in her ear. Fifteen years ago this was removed; again masses were removed thirteen years, two years and one year ago.

In May, 1883, four months before her death, the patient consulted Dr. Burnett, who has very kindly furnished me with notes of that date. The patient presented at that time a most wretched appearance; extreme weakness, pallor and emaciation betrayed the intense suffering of this unfortunate woman. Paralysis of the right side of the face had occurred during the previous winter without the supervention of additional ear symptoms. At the time of examination she presented great sensitiveness of the auriculo-temporal nerve and complained of intense pain over the right temporal bone. To control this pain she was accustomed to use morphia suppositories. An examination of the ear revealed a mass of granulations filling the entire lumen of the auditory canal, half an inch from the entrance. Late in May a large polypoid mass was extracted; bare bone was then discovered on the posterior portion of the canal, the channel narrowed and blocked with granulations. About two fluid ounces of blood escaped after removing this mass.

When I saw the woman at the hospital in September she was in a very low state and evidently near her end. Her mind was seriously affected, conversation was impossible, and she groaned with the pain which large doses of morphia would not altogether control. There was a moderate but constant purulent discharge from the ear and from a sinus which was found above the meatus. The whole temporal region was boggy. The probe passed in freely over an inch, and loose particles of dead bone could be everywhere felt. The disease had long been beyond the reach of any remedy and there was nothing to be done but relieve pain and await her death.

The specimen removed embraces portions of the right temporal, parietal and occipital bones. Almost all the temporal bone has been destroyed. Only the mastoid process and the upper border of the squamous portion remain. An area of bone $1\frac{1}{2} \times 2$ inches has entirely disappeared. Adjacent to this region and lying next the middle fossa of the skull was a brain abscess, the walls of which were greatly thickened. On opening this cavity about an ounce of thick, yellowish pus was found. A probe easily reached this cavity through the auditory canal and the sinus above it, and many loose fragments of bone were found at the outlet. The styloid process was found loose, but held in position by the various ligaments that arose from it. The inflammatory process, in which the meninges had of course shared, was not acute, the brain substance beyond the abscess walls had no unusual appearances, and the left cerebral lobe with membranes were normal.

Dr. C. H. Burnett thanked the society and Dr. Hinsdale for the opportunity of seeing this very interesting specimen and of making a few remarks upon the case. The great destruction of bone tissue is remarkable and unusual in extent, being 3 inches in length, and $1\frac{1}{2}$ to 2 inches in breadth. The necrosis seemed to have originated in the tympanic region rather than in the mastoid, and hence belongs to the class of cases second in frequency, the most frequent being those fatal cases where the bone disease originates in and extends from the mastoid cavity. The case when seen by Dr. Burnett, in the spring of 1883, presented very grave symptoms, and the patient was extremely weak, so much so that Dr. Burnett was surprised that he lived

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until September. The occurrence of extensive granulation in the external auditory canal constituted a very unfavorable feature, as they acted like a dam, preventing the escape of the products of inflammation and held them back, in the tympanic cavity and mastoid cells, forcing them to break an escape through more important and vital tissues. The case furnishes another example of the evil of neglect of purulent disease of the ears. Dr. Burnett inquired whether there were symptoms of destruction or implication of any of the nerves passing through the cavernous sinus, as would be shown by alteration in parts supplied by the oculomotor, the pathetic and ophthalmic nerves.

Dr. Hinsdale replied that no eye symptoms had been ever detected.

SECTION OF LARGE SPINDLE-CELLED SARCOMA OF THE LOWER JAW.

Exhibited by Dr. McConnell for Prof. Pancoast. The patient was a man æt. twenty-four years. The growth had existed for about three years. The egg-shell crackle was readily elicited. On section it presented a whitish appearance and was permeated by spicula of bone.

LIVER OF CHICKEN WITH TUBERCULAR GROWTHS.

Exhibited by Dr. MacConnell. The microscope clearly proved the nature of the growths.

SELECTION.

ON SUPRAVAGINAL HYSTERECTOMY, WITH REMARKS ON THE PRINCIPLE OF THE EXTRAPERITONEAL METHOD OF TREATING THE PEDICLE.

BY THOMAS KEITH, M.D., F.R.C.S.ED.

[British Medical Journal.]

The natural history of the ordinary uterine fibroid is different from that of other tumors. It has a limited life. Other morbid growths go on, and vex or kill according to their nature or place in the body. A stone in the bladder, if it be not taken away, is there for ever, and as it grows, it torments the more; but, to the woman with a fibroid uterus, who has passed many a weary year in weakness and suffering, middle age brings relief, and old age may be spent in peace. Hence the difficulty in knowing how far we are justified in advising interference for a disease that troubles for a time, though it rarely kills. Till of late years, uterine tumors were let lie undisturbed, unless when they were mistaken for ovarian cysts; but the restless surgery of today lets nothing alone; it has no patience for the menopause, and would attack all and sundry in some way or other, till one almost begins to think that old-fashioned responsibility has gone out of date. So far as operations for the cure of this disease have yet gone, the mortality is out of all proportion to the benefit received by the few. In the last edition of his book, Sir Spencer Wells gives his results after hysterectomy as follows: 20 deaths in 39 completed operations, or one in every two operated on. In 31 exploratory incisions for fibroid, partial operations or attempts at removal, one out of every six died: while of those who survived the abdominal section, brief notes are given of other eleven cases, fatal mostly within two years, some within one. Mr. Thornton's results, as given at Liverpool in August last, show a mortality from supravaginal hysterectomy almost as high; and, of all operations of "one kind and another" for uterine fibroid, one out of every three died. Prof. Schroeder lost 20 out of 66; but, of the last 40, the mortality had diminished to less than one out of every four patients operated on. These are the latest published results with which I am acquainted, and they are of value, because they represent the whole number of operations performed by these surgeons. I believe that Dr. Bantock's results are even better for supravaginal hysterectomy, and those of Dr. Hegar are still more favorable. It must not be forgotten, however, that in many of these operations, the tumors removed were of no great size. Indeed, I know of some that gave no trouble at all. The best of these results shows an excessive mortality, even if the disease for which the operation was performed were invariably, in time, a fatal one. I cannot accept such a death-rate. Surely surgery can do something better, else hysterectomy should be laid aside.

It was well remarked by Dr. Wallace, of Liverpool, at the meeting of the British Medical Association last August, that our opinions on almost everything connected with uterine fibroids and their treatment, are in a chaotic state. We should learn much, if the members of the British Medical Association would record their experience in well-marked cases on the following points: What is the natural history of the various forms of uterine tumor when menstruation has passed away? What proportion of cases have been seen to die directly from them, and what are the causes of death? How often do simple fibrous tumors kill from hemorrhage? On this point

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there is no exactness. Some maintain that life is almost never in danger from them, and that it is better to let well alone. Then Mr. Thornton tells us that he has removed a large number of ovaries to check the growths of bleeding fibroids, and that he only operates when life is threatened. Some assert that these tumors are rarely fatal from simple hæmorrhage, while Mr. Tait tells us that he has seen many die from this cause alone. Then, details of a large number of operation-cases are much wanted, especially of the failures, for successful cases tell little. A hundred honestly reported cases, such as that given by Dr. Walter, of Manchester, in the number of this journal for October 13th, would be of great value. I am often asked what are the best books to read on ovariotomy, and I name first the volume of cases published many years ago by Sir Spencer Wells. It is a record of experience without expression of opinion, and you are left to draw your own conclusions. Such a series of cases of hysterectomy would be as valuable now, as these cases of ovariotomy were when given nearly twenty years ago.

For myself, I was slow to begin this operation. Many uterine tumors had passed through my hands. The greater number gave no trouble whatever; a few even disappeared; and many—I may say, hundreds—got over the menopause with little disturbance. But some—not a large proportion certainly, and, if I were to make a guess, I would put it at about five per cent—suffered horribly, year after year, and, at the time, death would often have been welcome. Now I sometimes see certain of these old bad cases enjoying a fair amount of health, and able, in every way, to live like other people. Wishing to have the patient's view of the situation, I tell them that nowadays their tumor would be removed, and that, had they lived a little later, much of their former sufferings would have been spared them. The reply has invariably been, "I am so thankful that I had no operation." I never had one, in my own practice, die from simple hæmorrhage, though many have, at some time or other, seemed to be very near it.

The first operation for the removal of a fibroid tumor done by me was ten years ago. It was a case of rapidly growing fibrous cystic tumor with much solid, and it was mistaken for an ovarian tumor. I had for long expected that this mistake would some day happen to me. It had come to others, and I knew that I could not always escape, for the diagnosis is difficult. I was thus not quite unprepared for it. A very thick stump was kept outside, as near as was possible, by Kœberle's instrument; but, from the distension that came on a few days afterwards, part of the large sloughing mass passed inside the abdomen, fortunately without doing any harm. The second, done a year later, was almost forced upon me by the patient herself. Her sufferings were great, and long protracted, for suppuration was going on in part of the tumor. She almost died on the table from hæmorrhage a few minutes after the operation was begun. The next one operated on was a nurse, on account of a bleeding fibroid. She could no longer earn her bread, and she had no friends to fall back upon. There was alarming secondary hæmorrhage a week after operation, nearly proving fatal. This accident gave me such a fright, that no more were operated upon for three years, when a young woman, twenty-three years of age, was done. She was under observation for two or three years before. The tumor weighed 27 pounds. Menstruation had long ceased, and rapid growth was going on. The left broad ligament enveloped one-half of the tumor, and much enucleation was necessary. Pulse and temperature were high from the first, and the presence of some blood in the urine on the second day was attributed to absorption of carbolic acid. On the fourth night, when all danger seemed to be over, she passed into a state of acute mania; for days, she raved without ceasing about her glorified body, till she died nine days after. Under the upper part of the incision, where some of the sutures had given way in her restlessness, was a little matter. In the pelvis, all was well, and there was nothing to be seen but the healthy repair of a great injury. The next sixteen cases were successful, and there was a second mistake of a fibrous cystic tumor for an ovarian cyst. Then came the second fatal case, seven days after operation. The local conditions seemed favorable, but the patient was naturally a delicate, feeble woman. She had worked on till she could hardly go on any longer, and the œdematous abdominal wall formed of itself a tumor of the size of an adult head, reaching to the knees. There was no adhesion in front; the tumor moved with the respiration; the condition in the pelvis was satisfactory, and posterior adhesions were never thought of. After a very free incision was made, the tumor would not for some time move forwards. All around appeared a red fringe of very vascular adhesion. One half of the tumor was embedded in omental intestinal and mesenteric adhesions of such firmness and tenacity, that every portion had to

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be cut. The raw surface on the tumor, which weighed 30 pounds, measured 30 by 31 inches. In addition to all this, there was a curious cystic condition of the mesentery, such as I had never met with before. There were hundreds of small serous cysts, and to get all bleeding stopped amongst these was no easy matter. The adhesions were very bad, but much worse had existed in some of the other cases, and a fatal result, when the patient was placed in bed, was never anticipated. The pulse was rapid from the beginning, yet she took food and stimulants well, never had pain or sickness, and there was no distension. I regretted much that she was not drained, but the case did not seem bad enough for drainage. On the fifth day, two days before she died, I removed three or four ounces of thick syrupy blood from the pelvis. This contained no organism. The cause of death was, however, some form of blood-poison.

With the exception of the cases in which the ovaries were removed to check the growth of bleeding fibroids—and all of these yet operated on have recovered—this list contains every case of uterine tumor with which I have ever interfered by abdominal section. Every operation was completed—some with great difficulty. In two cases, there was a mistake of diagnosis between the fibrous cystic tumor and an ovarian tumor. All the rest were carefully and correctly diagnosed. All were cases of supravaginal hysterectomy. Nearly all were under observation for some years—some for many years. A gradual deterioration of health had been watched, till the stage of uselessness and utter wretchedness was reached, when death seemed preferable to life. I have never seen such pronounced anæmia as existed in some of these patients; and this of itself does not forbid an operation. The average weight of the tumors—nearly seventeen pounds—shows at least that there was no hurry in interference. All but three of the twenty-four were, from their condition in life, hospital-patients. Their position was laid plainly before them, and they were allowed to decide much for themselves. Some preferred to let bad alone, and these are still working on in more or less discomfort and misery, waiting for the menopause. The argument that life was threatened was never used. Were I anxious for operations, I might ere now have done two or three hundred during the last ten years. Eighteen operations were performed without carbolic acid spray, with one death. In six done under spray, there was one fatal result. He is insane who does not now accept, toto anima, the antiseptic principle in surgery; but in the surgery of the abdomen, I draw the line at the carbolic spray. Some of the operations were extremely trying and difficult to complete in a satisfactory surgical way, or in a way to satisfy one—more especially a few that were half extra- and half intra-peritoneal operations.

Most of them were extra-peritoneal, and one was entirely intra-peritoneal. Kœberle's instrument was at first used, and in the half extra- and half intra-peritoneal cases, it is very useful. The broad ligaments were almost always separated off the tumor and tied separately—sometimes left in, sometimes secured outside, according to the circumstances of the case. Great enucleation was often necessary, especially in the large tumors, in order to get the wire placed as low as possible when there was no cervix. The bladder was half a dozen times dissected down. It sometimes rose as high as the umbilicus, and its size was often remarkable. It is not an easy matter to distinguish its edges sometimes, if the ordinary stupid direction be followed, that the bladder be emptied before the operation is begun. Leave it full, and bladder-difficulties are wonderfully modified. One case was so simple, that the operation lasted barely half an hour; three times, the time of the operation was two hours; the average time a little over one hour. When practicable, there is no more convenient plan of extra-peritoneal method than that of the good old clamp, made of a very large size, and, if the parts below be first constricted by one or more wires, there is no difficulty in closing the wound properly round it. The ovaries were more or less enlarged, and diseased, in every case. In one there was an enormous pyosalpinx, the Fallopian tube resembling a piece of dilated intestine seven or eight inches in length.

In five of the twenty-five cases, and these were the cases of small tumors, operation was commenced in the hope that removal of the ovaries would be practicable. It was found impossible to remove them, and even sometimes to get near them; or when got at, one, or both, were so adherent, that it was safer to go on and remove the whole tumor. This must happen sometimes to others, if it has so often happened to me. The tumors on which I operated were, perhaps, too large, and this drawback may not occur in cases of smaller tumors. I shall not soon forget a scene that happened one afternoon in the hospital. The operation was one for removal of the ovaries for great pain, and to check the growth of a small bleeding fibroid; by that, I

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mean a tumor not extending much above the umbilicus. It was late when we began, and both ovaries were felt enlarged on the tumor, about the level of the iliac crests. The right with an enormously dilated Fallopian tube and enlarged fimbriated end, was close on the tumor. It was ligatured, with barely room to hold the ligatures. The left ovary felt a little larger; only a small part could be got at. A fine long trocar was put into it, and some thick tarry-like fluid came away; but, instead of a small amount, several ounces filled the aspirator. The incision was enlarged, and the hand got in, but, to do this, some adhesion was separated, and there was surface-bleeding. An elongated cyst, closely fixed to the tumor, was now felt extending beyond the reach of the hand, and dipping down into the pelvis. At last, by separating more adhesion, and causing more bleeding, I was able to feel the distal end of the elongated ovarian cyst. It was pulled upon, and gave way, and, with some force, the whole was stripped off the tumor. It was seven or eight inches in length, along with a dilated tube. The wound filled with blood in the most alarming way. Sponges were packed in, and, after waiting for a time, were withdrawn, when the hæmorrhage went on as much as ever. This process was repeated over and over again. I would now fain have removed the uterus, but this was not practicable from the way the tumor was fixed in the pelvis, and, indeed, almost everywhere. The wound was more enlarged, and part of the bleeding surface was, with difficulty, brought into view. Some points were stopped by the thermo-cautery, but, on removing the sponges, blood came as fast as ever. The patient was now quite faint, and it was getting dark. A sponge, soaked in perchloride of iron solution, was pushed down, left for ten minutes, and then slowly withdrawn. A large glass tube was left in, and a few stitches introduced, leaving half the wound open in the centre. As the patient was lifted into bed, blood was again filling the opening. Pressure of cotton-wool and a bandage was then trusted to, as she was now quite pulseless, and more dead than alive. Some hours afterwards, on removing the dressing, there was a flat coagulum under the cotton-wool, extending up to the neck, but the bleeding had ceased. It did not recur. Convalescence was painful and very slow. She is now being trained for a nurse. She is free of pain; menstruation continues regular, and is now quite normal. The tumor is a little smaller.

The health of all these patients since the operation continues to be perfect, and in no case has any harm come from the long cicatrix. In none have I seen any hernia, or anything like an approach to it. The after-comfort of the patient is, therefore, in no way affected by the length of the incision, if proper care be used at the time to close the wound very accurately, and not to allow the patient to be going about too soon. The long convalescence is certainly a drawback to the extra-peritoneal treatment in hysterectomy, and my impression is that we must perfect the intra-peritoneal method if we are to make progress and improvement. This brings me to say a few words about the extra-peritoneal treatment of the stump by the clamp, which, at one time, served us so well, but at which some are now throwing stones. The principle of the extra-peritoneal treatment is a sound one. The mortality attending this method was certainly high in the early days of ovariotomy, but much of this was owing to the late stage in which the patients were then brought to us. Thus my results in ovariotomy with the clamp give a mortality of 14.8 per cent in nearly 200 cases. In the first 100, from the 45th to the 85th case, there were only three deaths in 40 cases, and, in the notes published at the time, it is stated that the fatal results were not caused by the way the pedicle was treated. This cannot be called a murderous mortality. The mortality of the silk ligature was much higher, and for the simple reason that we had no Lister to tell us to boil or disinfect our ligatures. We boiled our sponges, put the points of all our forceps through the flame of the spirit-lamp, and we trusted to pure silk. The principle of the clamp was not at fault, only we carried it out in an imperfect way. The antiseptic principle was, to a certain extent, clearly understood by Kœberlé, Sir Spencer Wells, and others. Wells' dressing—the chalk and tar bags—was an excellent antiseptic dressing, only the antiseptic element in it was not strong enough. At that time I used iron wire instead of silk, and later on the cautery, and, consequently, did not suffer so much in my results as others who used ordinary silk. I am convinced that, if we were to go back to the clamp in ovariotomy, the results now would be very different, simply because the antiseptic dressing would be different. The extra-peritoneal method seems to be at present the favorite one with British surgeons, and is certainly with us the more successful. I do not see, however, that a fixing of the tenth part of the tissue in the wound in ovariotomy should be condemned, when in a hysterectomy ten times the

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amount is generally treated in the same way.

Truer words were never uttered than those with which Prof. Schroeder began his paper, read at the last meeting of the British Medical Association in Liverpool, in August last. "The prognosis of the removal of large solid tumors of the uterus depends altogether on the development of the technical methods of operating." The removal of a simple pediculated fibroid—an operation rarely, if ever, necessary—must be a simple enough matter, and requires no more surgical skill than is necessary in the removal of a simple serous cyst of the broad ligament—also, as a rule, an unnecessary surgical proceeding. But to take away a large adherent solid fibroid filling the pelvis, and to get the patient well after it, is by no means an easy matter. I do not think that the mortality after supravaginal hysterectomy should be greater than it now is in bad cases of ovariotomy. I fear we cannot look for a mortality of only two or three per cent, as we now do in the removal of ovarian tumors. The results here given show a death-rate of eight per cent, or one death in every twelve operated upon, and I am mistaken if this cannot be reduced. After all, the great difficulty is not in doing these things, but in knowing what are the cases in which we are justified in advising those who trust themselves to us to run the risk of a dangerous operation, with all its attendant miseries. Could we get the mortality down to five per cent in the bad cases, and these only are the fit subjects, we might then advise interference with a more easy mind. I am not sure if we can so advise, if the mortality cannot be kept down under ten per cent.

To Disguise the Taste of Tincture of Iron, Dr. Haner recommends that tincture of the sesquichloride of iron be mixed with simple syrup, and then with milk. This mixture will not affect the teeth, nor will the styptic taste be apparent.

Dr. Taniamshef Describes the following simple manner of treating trichiasis and distichiasis, which he has found to be very successful (Physician and Surgeon): The horn-plate having been placed under the lid, the latter is divided into two layers, by means of a longitudinal incision of four to six millimetres in depth, running parallel with the outlets of the Meibornian ducts. The upper layer consists of the skin, connective tissue, hairbulbs and muscles, the under layer consists of cartilage and conjunctivæ. After the bleeding is checked the wound is cleared of the coagula, and a sharp pointed pencil of lunar caustic is carried several times over the raw surface. The consequence is that a crust is formed over the cauterized wound. This crust is thrown off in about forty-eight hours and the wound granulates. In most cases the abnormal direction of the lashes is promptly and completely corrected. A partial trichiasis was observed to remain in those cases only where the incision had not been made very evenly throughout. But a secondary operation easily corrected this. As he has used this method only for five months (although a great many times), Dr. T. is as yet not able to say whether relapses can occur or not. Meantime we should recommend this operation for its uncommon simplicity.

BOOK REVIEW.

Life on the Mississippi. By Mark Twain, with more than 300 Illustrations. 8vo., pp. 624. Boston: Jas. R. Osgood & Co. J. H. Chambers & Co., 403 N. 3rd Street, St. Louis, Gen. Western Agents. Sold by subscription only.

Any work from the pen of Mark Twain finds ready favor at the hands of the reading public, so thoroughly established is his reputation as a humorous writer of the highest order. In this, his latest effort, he shows no sign of deterioration, but his humor is just as bright as in any of his preceding works. In the present volume he begins with a history of the Mississippi, describes its early commerce carried on in barges, keel boats, broadhorns; then carries the reader through the succeeding years of growth in the steamboating interests until it arrives at its greatest prosperity, to give way in turn to the "iron horse." After a lapse of twenty-one years the writer returns and takes a trip up and down the river, and contrasts the steamboating of the present day with what it was in former times, showing that while the boat of the present day be finer, the glory has departed never to return. He gives his experience when "learning the river" as a pilot's "cub," and describes the scenery and points of interest along its shores. The book is written in the author's inimitable style, and will no doubt receive a warm welcome from all. We recommend to the medical profession that they order it for those of their patients who are passing through the stage of convalescence, as it will greatly relieve the tedium, and also for those who may be the victims of dyspeptic troubles, as it will be apt to dissipate their horrors.

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THE WEEKLY MEDICAL REVIEW.

VOL. IX. No. 2. CHICAGO AND ST. LOUIS, JANUARY 12, 1884. TERMS: $3.00 A YEAR.

THE ANTIVIVISECTIONISTS of England have found a champion in Mr. Wilkie Collins, who comes to the rescue of the movement with a novel entitled: "Heart and Science: a story of the Present Time." The hero is a goody-good young physician of phenomenal attainments, and possessed of such extreme sensibility that he turns pale and trembles at the mention of "vivisection," and faints when some one accidentally treads upon a beetle. The villain is, of course, also a doctor, and necessarily a complete contrast to the hero. He is a bold, bad man, who sits up late at night making original investigations, and vivisecting various animals in furtherance of his studies. He is so immersed in his scientific pursuits, and so totally depraved as to allow the heroine, whom he is attending in an illness, to grow worse, in order that he may have an opportunity of studying some rare features of the disease. There is, also, an old doctor, whom the author portrays as an ancient fossil, who sustains his character as an old fogy by saying, that nothing had ever come of vivisections. The author decidedly weakens the impression, and depreciates the value of the old doctor's declaration; no lawyer would tell a jury that the witness by whom he expects to prove his point knows nothing of the matter at issue.

The villain who has devoted numerous animals and many years of labor to the elucidation of the obscure brain disease with which the heroine is afflicted, cannot cure her, and, of course, the hero steps in and accomplishes that result. The knowledge which enables the good young physician to do this is not gained by any wicked experiments upon animals; he displays his wonderful genius by publishing the MS. of a work on obscure brain diseases, which was bequeathed him by a mulatto physician whom he attended upon his death-bed in Montreal. This work contains the solution of the problem. The villain finding that notwithstanding his vivisections, and experiments, another has made the great discovery which he vainly sought, commits suicide, and the conventional happy marriage ends the story.

The book is filled with the usual stale and hackneyed arguments against experiments upon living animals; ignorance of the subject, and bold assertions having no foundation in truth are its leading characteristics. When Mr. Collins asserts that medical science has received but slight benefits from experiments upon animals he states that which is not true. In the city of London, where his book was published, he will find some of the greatest medical minds of the day, and he will not find one who will not tell him that vivisection has been of incalculable benefit to the progress of medicine. Mr. Collins has an excellent opportunity to gain information on the subject; let him call on Dr. Sidney Ringer, or Dr. Lander Brunton, both of whom are, no doubt, within a short walk of his own residence. We mention these two gentlemen more especially, as our last English exchanges report a discussion in which both of them have the audacity to admit that they experiment upon living animals. Probably Dr. Ringer would tell Mr. Collins that there is a drug known as "digitalis" which is of great efficacy in certain diseases, but unfortunately its action upon the human economy is so obscure that its power for evil sometimes exceeds its power for good. The doctor might continue, that if he would demonstrate by experiments upon animals the exact action of the drug, and thereby give the proper indication for its use, he would feel justified in so doing. If by this time Mr. Collins' fine sensibilities were not too much wrought upon, the doctor might inform him that very recently he had circulated a saline solution through the vessels of the hinder extremities of a tortoise whose brain and spinal cord had been destroyed, and that upon injecting digitalis he discovered that it exerted a very decided influence upon the heart and blood-vessels, and that the result of his experiment would influence his administration of the drug in disease. And yet Dr. Ringer would have the sang froid to claim he did not consider himself hardhearted, cruel, or wicked. He would probably, also, think—he would be too polite to say it—that a man

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who in the pursuit of knowledge inflicts some suffering upon a few animals, does infinitely less harm than one who panders to a coterie of "cranks" and morbid sentimentalists.

DIGITAL EXPLORATION OF THE BLADDER IN obscure vesical disease is the subject of a recent contribution by Sir Henry Thompson (Medical News, Jan. 5th). Sir Henry states that notwithstanding the most improved methods of examination, a large number of cases of urinary disease defy analysis; many patients receive treatment for long periods of time without any satisfactory diagnosis having been made of their cases. Some six years ago he concluded that the frequency of obscure cases demanded a new method of investigation, and he determined on searching the bladder with the finger itself, when the sound and other recognized means gave no information. After having experimented upon the cadaver, and having well considered the suprapubic and perineal routes, he adopted the latter. The operation as he now performs it is an external or perineal urethrotomy; the patient being secured in the usual position for lithotomy, is thoroughly anæsthetized—complete relaxation of the abdominal muscles being essential—a short median grooved staff is carried into the bladder and held by an assistant; with a straight, narrow knife a vertical incision of the skin is made in the line of the raphé an inch and a quarter long, terminating below about half or three-quarters of an inch above the anus; the left index finger is then introduced into the rectum so as to discover the upper limit of the bowel; the incision is continued until the groove of the staff is reached, which should be struck about the junction of the membranous with the bulbous portion of the urethra. When contact is verified, the puncture of the canal is lengthened a little, and as the knife is withdrawn the wound may be enlarged towards the external orifice, avoiding, if possible, injury to the bulb. A director resembling a small median gorget, with blunt edges, is passed into the groove of the staff and serves as a guide to the left index finger, which is insinuated into the prostatic urethra, and gently pressed onward until the tip, slowly dilating it, enters the neck of the bladder. At this point—the patient being fully anæsthetized—the operator stands up, and with the right hand presses firmly above and behind the pubic symphysis, then by concerted movements of the left index finger and the right hand every point of the living membrane may be passed over the index, and minutely examined—the smallest growth, recess, inequality, roughness, or small calculus is recognized with ease.

If a growth is discovered, it should be deliberately examined with and without suprapubic pressure, as to size, form, density, and position in the bladder. The finger is then withdrawn, straight or curved forceps being introduced, and the growth is seized much in the same way as in seeking a nasal polypus. Having taken a fair hold with the forceps, the neoplasm is not to be torn out, as the bladder may be injured; it is better to "jamb" or "mash" together the rough margins of the forceps, and effect, if possible, separation in that way; if this is not easily done, the finger is introduced, and the separation is completed with the nail. If the growth be simple and pedunculated, it may be removed in this way with ease; if the base is wider the forceps must be employed several times, removing as much as possible piece by piece; if the tumor is mammillated and not at all pyriform in character the removal will be imperfect. In the female the tumor may be sometimes brought in view and ligated, and it is also likely that a slender écraseur may be used in cases of single but rather wide peduncles. After the removal of the growth a stout India-rubber tube, five or six inches long and the diameter of the little finger, is secured in the wound to wash out the debris, and to serve as a channel from the bladder to a vessel; if the tube irritates it may be removed soon, if not, it may remain a day or two. Hemorrhage is usually free for a few hours, and gradually subsides. Sir Henry thus summarizes his experience:

"I have explored the bladder in thirty-two cases of obscure disease; four in the female, twenty-eight in the male, finding and operating for tumor in fifteen cases, two in the female and thirteen in the male. No extension of the incisions described was necessary in any case; in two of the cases (still living) no attempt was made to remove the mass, since the form of it rendered the achievement impossible, salient portions only were taken off. If a tumor, unusually large, demanded either extended incision or a suprapubic opening—but this must be a very rare occurrence—the operation should be thus continued, provided, of course, that the tumor is so formed as to admit of removal, otherwise extended incision would be unwarrantable. Eight of the cases of tumor are living at the present moment, at periods after the operation ranging between three years and six months. Three died soon after the operation, the others

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at various terms of several months, from reappearance or secondary malignant growth. Almost all form preparations in the museum of University College. In the other cases impacted calculus or other unusual conditions were met with, and the relief in some of them was conspicuous and remarkable. Obstinate chronic cystitis with large deposit of triple phosphates, and associated with frequent catheterism for atonied or obstructed bladder, was greatly relieved in several instances, and is indeed one of those forms of disease in which the proceeding may be often highly serviceable, if the tube is retained for a week or so, the urethra and the bladder being at rest during that period."

TENOTOMY OF THE TENSOR TYMPANI.—When the writer was in Vienna eighteen months ago, having heard Weber-Liel speak in extravagant terms about the advantages to be derived from the tenotomy of the tensor tympani, he sought the opinion of Gruber on the same subject. With a significant look of want of confidence, he suggested the leaving of the section of the tensor tympani to others. We find, however, from the Annales des Maladies de L'Oreille, du Larynx, &c., that Gruber is now performing the same operation. He claims that it is indicated in cases of permanent contracture of the muscle, and claims that the success is almost certain when the inflation of air gives temporary relief. Dr. Weber-Liel claims that this operation will put an end to attacks of vertigo associated with affections of the ear, and acting on this suggestion Gruber operated on a case of fourteen years standing, which had passed through various practitioners' hands. The patient, a woman, 26 years, had suffered from impairment of hearing for fourteen years; associated with this difficulty was a frequent noise in the ears, accompanied with severe headache. All these symptoms were worse in damp weather. For several months past there was added to the above troubles violent attacks of vertigo, the patient fearing she is about to fall down forwards. Section of the tensor tympani was effected and the noises ceased, the hearing improved; the vertigo was at first worse, but it improved gradually and was at length—the time is not given—completely relieved.

DR. PINEAU WRITES, in L'Union Medicale, of a young man, suffering from typho-malarial fever, who took by mistake two and a half drams of salicylate of soda. Nothing unusual was noticed for over two hours, when the patient was suddenly seized with extreme weakness, amblyopia, and tinnitus aurium. The entire surface of the body became blue and the extremities were cold. Finally such a profuse perspiration broke out that the mattress was soaked, and the patient was enveloped in steam as if in a vapor-bath. This condition lasted for about three hours. When seen, several hours later, the patient was pale and still covered with a cold sweat. He had not urinated for about twenty-four hours, but passed at this time nearly a pint of strongly acid urine, not albuminous, and containing 26.4 grams of urea per liter. The patient recovered without special treatment. The fever from which he was suffering subsided and convalescence became at once established. The reporter does not state the mental condition of the patient, except to say that he did not at any time lose consciousness entirely. The above symptoms quoted by the Practitioner seem altogether too violent to be attributed to two and a half drams of salicylate of sodium. The drug is so useful and destined to be esteemed still more in proportion to the physician's familiarity with its properties, that if any of our subscribers have ever noted similar effects from its use we should be glad to make them public. We have repeatedly given twenty grams every hour for four hours without a shadow of an unpleasant symptom. On one occasion, however, the last dose was followed by severe vomiting.

ON THE SUBJECT OF LACERATION OF THE PERINÆUM Mr. Alexander Duke, M. K. Q. C. P. I., obstetric physician to Dr. Stevens' Hospital, Dublin, remarks in the British Medical Journal: "The best preventive treatment of laceration that I have found (and which I dare not claim as original, though I find no notice of it in the text books on midwifery) is this: When I find the head fairly engaged in the pelvis, and advancing with each pain, I take my seat by the patient's bedside, and, having lubricated my left thumb, or the first two fingers of my right hand, I introduce either into the vagina, and, at the onset of a pain, draw back the perinæum firmly, but gently, toward the coccyx, relaxing the tension gradually, as the pain lessens, till the next ensues; and so on till I can draw back the perinæum with very slight effort. I thus tire out the muscular structure, and produce sufficient relaxation for the head to pass. In most cases so treated there is no danger of the perinæum; but when the pubic arch is narrow (which can be easily determined), I

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take the additional precaution of raising the patient's left hip and supporting it on a hard pillow, while the shoulders are kept low, fomenting the parts, using inunction of lard or vaseline, and taking particular care to direct the head forward by pressure, with my left hand below the coccyx, or a finger in the rectum, leaving the perinæum untouched. It has always seemed anomalous to me that the perinæum should be expected to dilate on such short notice, namely, 'the process of extension,' while dilation of the os and cervix occupies such a considerable time, even with the additional help of nature's hydrostatic dilator, viz., the bag of waters. The drawing back of the perinæum produces no additional pain to the patient, as it is done during a uterine contraction; and I feel sure that, if nurses and students were educated as to the proper way of preparing the perinæum previous to its distension with the presenting part, we should see and hear less of lacerated perinæum."

OSMIC ACID HAS BEEN FOR SOME TIME PAST used in the histological laboratory for the differentiation of nerve tissue, and now it is being advanced as a therapeutic agent. Bilroth used this agent in a one per cent solution, in a severe case of sciatica which had submitted to a very prolonged trial of electricity without benefit. In a day or two after the injection—which was made between the tuber ischii and the trochanter—the pain was greatly relieved and eventually removed. Osmic acid is very volatile, very irritating to the lungs, and we think should never be used for the above purpose stronger than one per cent.

A CASE OF LONG SURVIVAL after partial brain excision is reported by Dr. E. RAVE, in the American Journal of Neurology and Psychiatry, February, 1883, as follows: "A German woman was delivered of a child presenting a large tumor with a convoluted surface, fluctuating feel and bluish color at the back of the head. Its pedicle was not over an inch in diameter, the tumor being about three inches in diameter. The child had a few convulsive attacks, but developed otherwise normally, and as a clear fluid followed on aspiration, Dr. Rave removed the mass, which was threatening ulceration. A small artery required ligation, but no unusual results followed the operation. The child died eleven days later; an autopsy was not permitted. On examination the tumor was found to consist of the cerebral meninges and about one half the brain mass; the posterior portions of the cerebral hemispheres. The sulci and fissures were identifiable and included the intra parietal sulcus. Each hemisphere was represented in the tumor and each mass contained a dilated ventricular cavity. The cerebral tissue was absent in spots only, the membranes establishing a communication between the extra- and intra-cranial contents. There was a fibrino-purulent pseudo membrane on the inner and lower faces of the left brain mass and nowhere did the detachments from the two hemispheres communicate. The phenomena resulting are promised in a future paper.

THE PHILADELPHIA MEDICAL TIMES contains an excellent article on the history and present condition of the question of the cadaveric alkaloids, called Ptomaines. From it we learn that the Italian government is lending substantial aid in this investigation. This assistance will be appreciated by physicians the world over, and as our own government is not slow to appreciate the importance of questions of real value, which from the nature of things cannot be efficiently investigated by unaided individual effort, we trust that a certain fraction of the finances accumulating so rapidly in the treasury may enable us as Americans to contribute our mite to such universal questions. We have not done our share in this work as yet; it is not, however, from the lack of ability on the part of the individual, nor from a want of enthusiasm in scientific investigation, but from a lack of facility afforded the individual. The mere investigation of a question in legal cases will never develop an impartial statement of scientific truth. The study of this question, while it will not much affect the legal question of toxicology in reference to the more common mineral poisons, will seriously affect such questions when associated with morphia, strychnia and the like, and every chemist will unquestionably proceed with increased caution on any prosecution associated with the alkaloid poisons. Inasmuch as these poisons may be developed in a period of twenty-four hours, no possible alacrity in a given case can exclude their development. It is, however, to the concluding item of the article that we wish especially to direct the attention of our readers. It is from L. Brieger and runs thus: "In a large number of infectious and intestinal diseases, death takes place rapidly and under such circumstances that there can be no other explanation than that of the sudden formation of toxic substances by fermentation in the

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body." Without necessarily yielding full assent to the conclusion, we would call attention to the necessity of absorbing the practical lesson from such a statement, namely, in all such cases never lose any time in securing and sustaining a free passage through the alimentary canal, so as to do what is possible to eliminate what poisons may be developed. We believe it is to this general principle that so many of the practical old-school-men owe their success, and we think that even in diphtheria it is to this same general principle that the advocates of the calomel treatment owe their success.

Simplicity of Diet, however the robust may choose to depart from it, should characterise the regime of the sick, and those of tender age, who are dependent not on their own choice but on that which is forced upon them. It is only in this way that the physician can protect his clientele from the persistent devices of those who wish to preserve everything. Even simplicity itself, in appearance, always bears investigation. According to the Sanitarian, Dr. G. H. Bartley, the analytical chemist of the Brooklyn Health Department, has submitted a report which says there are several well authenticated cases of poisoning from the use of "Rex Magnus" and "Venetian Red" as food preservatives. "Venetian Red" is used by bologna sausage makers to keep the meat free from taint, and to give it a bright color. "Rex Magnus," Dr. Bartley says, he has found to be used extensively to preserve milk and other articles. It is composed principally of borax and boracic acid. The quantity required for the preservation of milk is such as to give to each quart of milk about ninety grains. It is tasteless and odorless. As a child one year old will consume a quart of milk in twenty-four hours, it is unsafe to allow the use of the preservative. The Doctor says stale milk may often be sent to market that has been kept by the use of this preparation two or three days. Health Commissioner Raymond issued an order prohibiting the use of these materials in articles to be sold for human food.

Oil Globules in Fœcal Discharges have been observed in increased quantity by Drs. N. A. Randolph and A. E. Woussel after the inunction of cod liver oil. The observation included twenty cases; fourteen children and six adults, and extended over a period of eleven days with the children and twenty-one days with the adults. One peculiarity which the experiments reveal is the almost complete absence of fat in the fœcal discharge of infants and its relatively constant presence in adults. In eighty per cent. of the cases observed the relative quantity of fat in the fœcal discharges was greatly increased after the cod liver oil inunction, thus showing that it must have been absorbed. The particulars are published in full in the Philadelphia Times. The means employed for detecting the oil globules was the microscope.

There is this winter a decided scarcity of "material" for dissecting purposes in Chicago, and, as will always be the case, it has developed the spirit of grave robbing. This state of affairs is to be deplored; because, proceed how we will, the medical man is always more or less associated in the public minds with such acts; nor are we prepared to say that the majority of the best medical men will shirk the association under certain circumstances. Material for dissection has to be had, there is no disputing that point. A medical college without the means of dissection is the worst kind of absurdity; and the material being in demand, money will procure it. It may be at the expense of public morals, and it may be to the annoyance of those whose functions it is to procure and utilize such material, but it will be had, and the obloquy, if such there be, should rest not on those who procure the material, but on those who present the temptation. For several years past there has been little or no difficulty in this respect. A law was passed by which the commissioners were empowered to hand over to the various colleges, pro rata, the unclaimed dead in all counties of more than a hundred thousand inhabitants. This law worked very well as long as the various demonstrators were willing to pay $10 for the handling of such dead, but as soon as the demonstrators refused to pay such sums and to claim the unclaimed dead as their legal property, the said law on being studied by interested persons gave no right to the colleges, but only the permission to the commissioners to confer such favors on the colleges, at any rate that is their construction of it. We regret that the demonstrators have not displayed more legal acuity before attempting to force the breach, but let us hope that the evident intention of the legislators may cut some figure in the interpretation of the law, but in order to test such a case it would be necessary for the combined colleges to commence suit, although we fear from the letter of the law that it will be necessary to enact

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another law. Meanwhile two students of this city have been arrested for grave robbing, but as the subject was not at all mutilated and has been restored to the friends of the deceased with all due decorum, let us hope under the circumstances the interested persons will not press the suit.

UNDER THE TITLE OF "PHTHISICAL INSANITY" Dr. A. Campbell Clark (Journal of of Mental Science, October, 1883) relates three cases marked by exaltation and delusions of suspicion. They are all subject to spurts of excitement coupled with mental exaltation, during which ideas or delusions of self-importance are peculiarly prominent. They are a prey to strong suspicions, which in Dr. Campbell's opinion often arise from a necessary snubbing of their exalted notions. One works himself into a violent passion on finding his letters to the Bank of England have not been forwarded, and the muscles of his face quiver with excitement. He threatens vengeance and looks it every bit, but in a few minutes he lapses into a state of gloom, which gradually deepens and for days his expression and manner are those of deep suspicion, sullen defiance and violent hatred, the evidence of of which may come out more forcibly after weeks or months of dismal brooding, and be awakened into a flame of actual violence by the stimulus of some very trivial incident which *per se* would scarcely cause disturbance at all. In another case the patient, who for months proved amenable and sociable though nursing a dangerous grudge against outsiders, suddenly stopped work because a proposal for his release could not be entertained. He then and thereafter nourished a grudge against Dr. Campbell for months, and only burst into actual violence long after, when in most minds the memory of the initial circumstance would have been obliterated. He made a complaint about his food the cause for an attack on Dr. Campbell, but admitted a few weeks later that his only grudge was the one resulting from his non-liberation.

HÆMATOMA AURIS, Sockell finds, is not exclusively an affection of the insane (Receuil de Memoires de Médecine, de Chirurgie et de Pharmacie, November, 1882.) It may be the direct consequence of traumatism, but in the majority of cases it is preceded by an inflammatory or the hypertrophic degeneration of the fibro-cartilage, which constitute predisposing causes, aural congestion being an exciting cause. The sanguineous effusion occurs between the perichondrium and fibro-cartilage. It originates sometimes in the thickness of the latter. In the insane it is evidence neither of incurability nor of cachexia. It is a benign affection but has the inconvenience of being followed by deformity. It is not of forensic importance. Incision of the tumor diminishes the duration of the affection and the resultant deformity.

ELEPHANTIASIS ARABUM.—In view of the fact that the successful operations, both in this country and in Europe, for the cure of this most obstinate disease of the lower extremity, by ligation of the femoral artery, are so few as to be counted upon one's fingers' ends, and because of the apparent propriety of resorting to this last method before amputation becomes an imperious necessity to save the life of the patient, the successful case operated upon by Dr. G. C. E. Weber, and reported in the January number of The American Journal of the Medical Sciences, has considerable interest. Thirty days after the operation the limb had diminished in circumference nearly one-half, and at the end of six months the patient reported that he suffered no inconvenience whatever from his limb, save that upon unusual exertion a slight œdematous swelling would supervene.

TRISMUS NASCENTIUM is the title of an elaborate paper (Am. Journal of Med. Sciences) by Dr. J. F. Hartigan, who supports the theory advanced by the late Dr. Marion Sims, that the symptoms are due to the effects of mechanical pressure on the brain by displacement of the occipital or parietal bones as the result generally of decubitus, and that they may be relieved simply by rectifying this abnormal displacement, often by change of position in lying alone.

BONNET HAS HAD UNDER OBSERVATION two cases of pregnancy in paretic dements (L'Encephale, Nov. 5, 1883). Delivery occurred suddenly, and the children shot out from the vagina as from a pistol and with them came the placenta. There was but little liquor amnii and but little blood lost. There were no lochia, no milk secretion and no secondary disturbances. The children were born dead; the pregnancy had reached the eighth month.

THE SANITARIAN HAS ASSUMED a more convenient size and now appears again as a monthly, instead of every week. The Sanitarian is always a welcome visitor.

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Dr. John V. Shoemaker read before the Philadelphia County Medical Society a paper in which he discussed at some length the chemical and therapeutical properties of the naphthols, which are remedies recently introduced into the materia medica, one of them having been first used by Prof. Kaposi as a substitute for tar in diseases of the skin. It was believed by him to be the essential curative ingredient of tar and free from the objectionable features of the latter. Dr. Justus Wolff, a chemist largely engaged in manufacturing coal-tar products, had studied carefully the chemical as well as the antiseptic properties of this product, and after experimenting for some time succeeded in producing a naphthol that is perfectly odorless. The antiseptic and disinfectant powers of this odorless naphthol he tested by adding one part to 480 parts of urine; and after the lapse of six months, in which were included the hot summer months, there was no odor or any other sign of decomposition though another portion of the same urine to which no naphthol had been added gave a strong putrid odor after standing only three days. This decomposition was arrested and the fetid odor corrected in a few hours after the addition of the naphthol in the same proportion as already mentioned. He found naphthol soaps containing four to ten per cent of free naphthol very excellent for removing odors of decomposition from the hands or clothes. The naphthols are also very efficacious parasiticides and admirable disinfectants for sick rooms. Taken internally, to the amount of half a grain in a solution containing one part dissolved in 3000 parts of water, it produced at first heart burn, a slight sensation in the right lumbar region and some dizziness. These symptoms disappeared after continuing its use for several days; traces of naphthol appeared in the urine, but no albumen nor blood. The doses then were gradually increased to four grains per day for six days, and still no untoward symptoms were discovered, while the warmth in the stomach, directly after taking, was followed by increased appetite. In the Albany hospital it has largely taken the place of carbolic acid as a disinfectant in dressing wounds, etc. Dr. Shoemaker states that he has been using it for some eight or nine months in both hospital and private practice with most satisfactory results. With regard to the class of cases in which he has used it with advantage we quote the following from his paper: I found it to fully sustain the claim that Kaposi had made for it in scabies, psoriasis and chromophytosis, as well as in some of the chronic forms of eczema, in which it not only allayed the itching attendant thereto, but lessened the infiltration as well. In wounds and indolent ulcers I have found it a most useful detergent and deodorant, removing the fetor and establishing healthy action of the parts. Aqueous solutions, containing half grain to the ounce, I have used to great advantage as vaginal injections, especially in leucorrhœa and uterine carcinoma, as well as in gonorrhœal affections, both in male and female. In diphtheritic throat affections it made a most useful gargle, as well as to remove the fetor or catarrhal and other affections of the buccal cavity. Its greatest value, however, arose from its disinfectant action of the evacuation of fever patients and rooms containing them, while by its absence of odor it did not tend to produce inconvenience both to patient and attendants. Combined with powdered talcum or starch, or both, and dusted into the shoes or stockings of those affected with fetid exhalations of the feet, it acts most satisfactorily, and its effects are equally as good in the same affection involving the hands, axillary and inguinal regions. Combined with other ointments in the proportion of from one to ten grains to the ounce, it not only preserves the unguent from decomposition, but exercises also an antiseptic action to the parts and the exudation therefrom. In chronic psoriasis, particularly when there is great infiltration, a five to fifteen per cent. ointment has frequently been attended with good results. It has also been very effective in squamous and fissured eczema, used in combination with lard or gelatin. Having seen reports from other physicians of toxic effects produced by naphthol, he administered by hypodermic injection and by the mouth an aqueous solution and pills of naphthol to the amount of four grains every three hours. No toxic effect being produced, one of Dr. Shoemaker's assistants and a student volunteered to test the effect upon themselves. They continued the experiment for a week, commencing with one quarter grain doses every two hours, increasing to two grains every three hours, and on the last day taking five grains twice. No apparent effect was produced upon pulse or temperature, nor was there any appearance of albumen or blood in the urine. Each dose produced a sensation of great warmth in the stomach that passed off in a little while, but left them with slight vertigo and other evidences of cerebral hyperemia. He concludes from the result of these studies that there must be a difference in the agent employed, that the pure odorless naphthol which he has employed is not toxic;

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and that the toxic symptoms reported by others are due to impurities contained in the naphthol used. The pure article consists of white crystals with little or no odor, while that used abroad is of a reddish color, with strong, pungent, disagreeable odor. He believes it to be far superior to carbolic acid and other disinfectants in common use, and cheaper at the same time.

Dr. N. Popow has investigated the changes produced in the spinal cord from acute poisoning by arsenic, lead and mercury (Virchow's Archiv), and arrives at the following conclusions: 1. Acute poisoning by arsenic, lead or mercury, produces decided changes in the gray columns of the spinal cord, which, from their character, must be termed acute poliomyelitis. 2. In protracted cases the changes do not confine themselves to the gray matter but also implicate the white, producing diffuse myelitis. 3. The peripheral nervous system remains entirely unchanged in acute poisoning. 4. The clinical symptoms manifested by the nervous system which we notice in acute poisoning of these substances, such as convulsions, paralysis, pain and anesthesia, are fully accounted for by the anatomical lesions, and none of these symptoms could be explained by a peripheral nervous affection.

The Red Star Line Company, which sails between Antwerp and Philadelphia, has issued an order (Med. and Surg. Reporter) that its ship surgeons shall mess at the second-class table, and rank in other respects as second-class passengers. Rather than submit to this several of the surgeons have resigned, and others have, in conjunction with prominent members of the profession, protested against the order; but the company has thus far treated the remonstrance with silent contempt. This small economy is probably necessitated by the financial condition of the company, and it is reasonable to infer that such other retrenchments have been made as will render it safer and more pleasant for travellers to patronize rival lines.

A New Candidate for favors has appeared with the title of The Archives of Pediatrics. It is to be a monthly journal and starts out with the resolution to refuse all advertisements. Experiment is the order of the day, and there is no anti-vivisection law which can operate against this experiment. We are afraid, however, it will drain the pockets of the publishers.

Dr. Gabriel, of France, claims that vomiting, when it occurs at the beginning of an attack of diphtheria, must always be regarded as a grave symptom; that he noted it twenty-six out of ninety-five times, and that the whole twenty-six where the diphtheria was thus ushered in died. He further states the vomiting was absent in the mild cases.

Attacks on Asylum Officials.—Dr. J. G. Kiernan (American Journal of Neurology and Psychiatry, February, 1883) discusses several cases in which lunatics made attacks on asylum officials, and comes to the following conclusions therefrom: First. That the question of motive should be the last thing considered in the diagnosis of insanity in a criminal. Second. That the insane may commit crime from sane motives. Third. That the insane may commit crimes arising from a logical process of reasoning based on delusive conceptions. Fourth. That insane may commit crime from insane motives, yet allege for the same sane motives. Fifth. That even an imperative conception may be interfered with by a healthy conception and produce an apparent vacillation in the patient's purpose.

Imprisonment in Russia seems to be almost equivalent to capital punishment. Official returns show (British Medical Journal) that the prison in Tomsk, where Siberian exiles are held previous to being sent to their destinations, is nothing more than a slaughter pen. In one year, 1,168 of the prisoners were treated for typhus fever, and a still larger number suffered from dysentery and recurrent fever, while 1,311 others, mostly children, had diphtheria, small-pox and measles. Every inmate of the prison suffered from one or more of the above diseases.

An unavoidable delay in the present issue of the Review has enabled us to insert the valuable paper by Dr. Hughes, read before the St. Louis Medical Society on the 12th instant, which appears under "Contributions." In future the papers and discussions of the St. Louis Medical Society will appear promptly.

The very flattering reception given the Review, as evidenced by a very large increase in the subscription list, has induced us to order an entire new dress of type, which will be ready for use within a month.

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CONTRIBUTION.

RHEUMATOID ARTHRITIS — CATARRHAL JAUNDICE.

A Clinical Lecture Delivered at the Hospital of the University of Pennsylvania,

BY WM. PEPPER, M.D., LL.D.

Provost of and Professor of Clinical Medicine.

REPORTED BY WM. H. MORRISON, M.D.

Gentlemen:—This young woman presents the early stage of rheumatoid arthritis. We do not know what has led to its development. She is 22 years of age, has been living as a domestic and has not had to work very hard. The house in which she lives is a dry one, but she has not been careful to avoid getting her feet wet. For the past year, she has been unable to do any work. Her mother is rheumatic, but the other members of the family are healthy. In the summer of 1882, she suffered from severe pains in the joints, which came on without apparent cause.

Unlike ordinary chronic rheumatism, rheumatoid arthritis, does not locate itself in one or more large joints, but involves a number of small joints. In this case, it is the small joints of the hands and feet which are affected. The disease came on with pains in these joints, and they soon became swollen and deformed. This is very marked in the wrist, where the ends of the bones appear to be enlarged and the capsule is distended, not with a liquid, but with an apparently pulpy substance, so that on pressing the joint, there is a boggy, elastic feeling, but no distinct fluctuation, as in a case where there is a considerable amount of serous effusion. This appearance of the joint with the thickened ends of the bones, with the prominent ridges on the bone and the distension of the synovial sac with a gelatinous exudation, giving this peculiar elastic sensation, is characteristic of the early stage of rheumatoid arthritis. The joints affected in this case are the ones usually involved. The phalangeal, the metacarpo phalangeal, the carpal and the corresponding joints of the feet, are attacked, while the elbows, shoulders, knees and hips do not become affected until a later period of the disease, and in some cases never become involved; although it unfortunately happens, that usually the disease slowly progresses from one joint to another.

This case shows the tendency of the disease to be associated with malnutrition and anæmia; although menstruation has remained regular, she has lost thirty pounds in weight during the past year. Last winter she was unable to move on account of the excessive pain in the hands and feet. At that time, the shoulder joints were temporarily affected. There is no cardiac complication and no albumen in the urine.

You will observe that a great deal of atrophy has taken place in the affected parts. This is to be explained partly by the mal-nutrition and partly by the disuse of the limbs. The muscles of the thumb are wasted and the interossei muscles are atrophied, giving rise to these depressions between the metacarpal bones.

A case of this kind is not to be treated as one of chronic rheumatism. There is here a grave alteration of general nutrition. The life of the patient is to be carefully regulated. The diet should be as nutritious as she can procure; ample rest should be taken, and great care in avoiding damp and exposure is required. Passive exercise of these parts is essential. In such cases as this, massage judiciously and persistently applied, is of the greatest service. We must train her to use her own hands for this purpose, or if it is possible, she should have some person to rub and manipulate the affected parts for twenty or thirty minutes twice a day. This will not only prevent the joints from becoming rigid, but will also lead to the absorption of a great deal of this exudation, to the removal of a large part of the deformity, to restoration of the tone of the muscles, and we may hope to restoration of the bulk of the muscles. The judicious employment of massage in these cases often produces truly extraordinary results, and I am sure that without these manipulations, this case is hopeless.

I shall also use mild counter-irritation over the affected region. For this purpose nothing is better than painting with iodine. If convenient, the muscles of this region should be stimulated by the use of a gentle faradaic current..

The condition of digestion and nutrition requires careful attention. On the whole, large doses of iron are to be commended. It would be well to associate with this, cod-liver oil. I shall order for this patient fifteen drops of dialysed iron, three times a day. This will gradually be increased to a small teaspoonful in a sherry glass of water.

This will constitute the treatment. I do not think the case has passed beyond the state in which it can be relieved.

Our next patient is an elderly man who presents what appears to be a simple form of jaundice, to which I shall ask your attention for a few minutes. He is 70 years of age,

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and a baker by occupation. He has lost all his teeth, and for the last fifteen years has been unable to thoroughly masticate his food. Ever since he has lost his teeth, his appetite has been poor and he has suffered from dyspepsia, characterized by slowness of digestion, weight and fullness in the epigastrium, a great deal of flatulence and irregular or costipated bowels. For the past two months he has gradually been growing yellow, and he now presents a marked degree of jaundice, the yellowness being most distinct in the conjunctivæ. The urine is dark, highly charged with bile, but contains no albumen. He has suffered from no pain of any kind, but he has lost a considerable amount of flesh.

The age of the patient, and the slowness with which this jaundice has come on, would, of course, make us think of malignant disease of the liver. Jaundice in old persons should always arouse a suspicion of malignant disease, but very often the suspicion will be allayed by the physical examination, and the affection shown to be nothing more than a catarrhal jaundice. It would, however, be wrong for us to form a hasty conclusion without subjecting the hepatic region to a careful examination. Jaundice coming on in this way, without grave symptoms, is due to obstruction; whereas, in this case, the condition comes on without pain; gall stones can usually be excluded. The diagnosis then rests between pressure from some slowly developing mass, gradually pressing more and more upon the main duct or one of the branch ducts of the liver, and inflammation of the mucous lining of the ducts, with swelling, thickening, and obstruction. In deciding between the two, you will be governed by the duration of the jaundice, by the effects on the general health (although catarrhal jaundice with a congested state of the liver may be attended with grave failure of nutrition, marked emaciation and loss of strength), by the presence or absence of pain, by the previous existence of evidences of gastro-duodenal catarrh, by the results of physical examination of the liver, and by the effects of treatment. Mere enlargement of the liver would not be sufficient to justify the diagnosis of a morbid growth, because in cases of chronic congestion of the liver with catarrhal jaundice, the liver is almost always enlarged and may extend three fingers breadth below the margin of the ribs, presenting a thick edge and a smooth surface. When a morbid growth is present, the organ is usually irregularly enlarged; the whole organ may be enlarged, but there will be projecting masses; boscillations will be felt over the organ and nobby projections from its edge. In enlargement from simple congestion, the organ retains its natural contour and proportions.

In a case like the present one, the diagnosis rests largely on the result of the physical examination. The history that the man has for a long time been suffering from gastro-duodenal catarrh, would, of course, predispose us to attribute the jaundice to a catarrhal condition. The abdomen is moderately distended. There is marked resistance to pressure in the epigastrium and right hypochondriac regions. I find it difficult to isolate the edge of the liver, but it is clear that the organ is greatly enlarged. The liver dullness extends three inches below the margin of the ribs in the line of the nipple, and also in the epigastrium. The upper edge of dullness is at the middle of the fifth rib; so that the vertical line of hepatic dullness measures at least six inches. The enlargement is uniform, and I can detect no hard masses or nodules. The organ appears to be of its normal consistence. The left lobe is also enlarged, but not to the same extent as the right. There may possibly be nodules on the under surface of the liver which we are unable to reach. So far as it goes, the examination is satisfactory. But, owing to the possibility just mentioned, the case is one to be viewed with suspicion.

It is of course to be treated on the most hopeful theory. Even supposing the worst, all that could be done would be to palliate. The food must be soft and digestible and thoroughly masticated. It should consist of porridge and cream or milk, soft boiled eggs, oysters, baked potatoes, bread and butter, and buttermilk. Solid meat I should for the present avoid. Very rich articles and much fruit I should consider unsuitable. To regulate the bowels, a glass of water with lemon juice, or a teaspoonful of Vichy, Carlsbad or Rochelle salts should be taken before breakfast. Possibly a glass of very hot water before breakfast will be sufficient. I shall order iodide of potassium, beginning with three grains, three times a day, and gradually increasing the dose to ten grains. If symptoms of iodism are produced, the dose will be lessened. If the inflammation were more active, I should use nitrate of silver, but there is so much enlargement of the liver that I am anxious to produce a resolvent action as quickly as possible.

The treatment which I have indicated will be kept up for two weeks, at the end of which time I will have him report its effect.

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THE NATURE AND MANAGEMENT OF MEGRIM, OR SO-CALLED SICK HEADACHE.

BY C. H. HUGHES, M. D., ST. LOUIS.

[Read before the St. Louis Medical Society, Jan. 12, 1884.]

Migraine, or megrim, is ordinarily the periodical protest of cerebral over-tax, in the acutely exhausted, comparatively young brain of a mildly neurotic subject. It belongs especially to the time of life from early puberty to middle manhood, when emotional disturbance, fret and worry most violently agitate and accompany the intellectual movements, and when the latter are most active. It is a temporary dis-equilibrium between waste and repair in the higher cerebral centres, a comparative neuratrophia from over mental strain, which expresses itself in slightly neurotic subjects, like the outcry of an oppressed or famished nerve in neuralgia. It is not denied that it may be precipitated by other conjoint causes than over-cerebral strain, especially such as contribute to congest the head by exciting dis-equilibrium in the systemic circulation; but an hereditary tendency to weaken under a certain degree of over-strain on the part of the cerebral vaso-motor system, and the co-excitence of that strain which can not be resisted, constitute the essentials of an attack of migraine.

Migraine usually expresses itself unilaterally, involving one hemisphere, and that on the left side, the driving hemisphere, as Ferrier terms it.

Migraine is periodic, but not equi-distantly so, because a certain stage of exhaustion must be reached, longer in some individuals than in others, and longer in the same person at certain times and under certain circumstances than others, before the mental machinery resists futher goading, and the outraged brain asserts it right to rest. The migrained cerebrum, in refusing to be goaded to further work, prescribes its own proper therapeutics in the involuntary rest which the mind is forced to take from accustomed labor and emotional commotion, which is worse than labor, and the timely recuperation which comes of this repose sooner or later re-establishes the normal equilibrium of recuperation and disintegration, and a re-accumulation of psychical force takes place. A sense of restored mental vigor is again felt by the patient, eager impulses inspire him to expend it, and he goes along again normally for a while, expending only the daily accumulation of cerebral force, until the more or less nervous temperament of the migraine victim leads, sooner or later, to drafts on the reserve force of the cortex and to its final and rapid exhaustion, with a repetition of the previous experience as its sequel. With the lowering of the brain tone from over-tax the cerebro-spinal dominion over the sympathetic nervous system diminishes, vascular excitations and contractions within the cerebrum, followed by vaso-motor paralysis and dilation of vessels, and the meningeal pain of distension and pressure and increased tumultuous and rapid psychical activity, somewhat like that in the early stages of intoxication, follow. Thoughts come thick and fast, till soon the cerebral exhaustion is complete; sympathetic influences pass downward to the stomach, nausea and emesis frequently follow, and the bowels sometimes move freely. The co-existence of of nausea, followed by vomiting, and then by sleep and final relief, has given to megrim the synonym of sick-headache, but the headache is not dependent upon the sick stomach. The nausea is due to the sickness in the head. Megrim is indeed a very sick headache, but in another sense; if the vomiting continues long enough, the hemi-crania will of course cease with the cessation of the vomiting, but to make the vomiting effective the stomach should be washed out with lukewarm water till it is empty of all solid contents, and then hot water of at least 115° F. should be given in from four to six ounce draughts every hour or two till about twelve to sixteen ounces are taken. This may be made more acceptable with some agreeable flavoring, the commercial tea from China being often acceptable, if not made very strong and given without cream or sugar. If there is a loathing for hot drinks, along with the usual loathing for food, then cooling drinks, impregnated with five drops of creosote or half a dram of aromatic spirits of ammonia, or carbonic acid water, or peppermint water, and a little bromide of potassium. The hyperæsthetic special sensations all tend to secure that conservation of brain force so essential to the patient's speedy restoration, and their suggestions should be fully heeded in our management of the affection. Nature in these sensations hints strongly at the rational restorative therapy, and such hints to the wise physician should be sufficient. Every movement increases the bodily discomfort, hence the patient asks to be let alone, to be undisturded—the aching eyeball and hot, painful head demand evaporating lotions, the best of which are the etherial for the head, and laudanum and water of proper temperature to evaporate readily for the eyes, for ether is

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painful if it gets between the lids. The sensitive retina and troubled vision demand the exclusion of light. The morbidly impressible centers of audition make sounds painful and in aggravated cases unbearable. The salivary secretions are sometimes increased, more often altered and disagreeable. To heed nature's demands in these regards is to give the brain as well as the sensitive centers and channels of audition and vision the much needed repose that leads to restoration of exhausted power, which has tracked the part it has forsaken with marks of irritability. The general listlessness and brain-weary feeling which the patient reveals as the painful feelings pass away—if the usual tendency to sleep then does not come on or is interfered with—demand further brain rest, and our therapy and surroundings for the patient should promote rest until an apparently complete restoration follows each attack. The intervals of freedom from nervous headache should be prolonged by a course of tranquilizing neurotherapy calculated to promote and maintain the nerve stability, and by a moral prophylaxis. To this end the patient should be made well acquainted with the nature of his trouble and the essentials to avert its recurrence. He should have a mild, unirritating course of constant cephalic, galvanization in the intervals of the attack, repeated until he has passed the time of several attacks exempt from them. A full dose of ammonium or potassium bromide—thirty to forty grains—and a minimum dose of arsenious acid, should likewise be given nightly for many months, and in many cases as often as three or four times a day for several days preceding the time of an expected attack. Bromide of potassium in forty-grain doses, three times a day, is of especial service, if the patient is brought fully under its influence at the time when the first ocular disturbances appear, in many of the cases. Guarana may be used to advantage at this time and subsequently during the attack, but it has not given me the happy results in true migraine which others have ascribed to it. The digestive and assimilative processes are never to be lost sight of, nor any other physical condition calculated in any manner to embarrass the mental movements—to directly or reflexly irritate the brain, or to compromise its normal daily nutrition and nightly rest. Besetting sins and moral or physical vices, that tend to bring on nervous exhaustion, should be inquired into and remedied by abandonment.

During the attack of migraine the bromides, if the stomach can be made to retain them, are always serviceable, and I give them in large quantities of peppermint water, and minimum quantities of creosotum.

In the constitutional treatment of migraine, plenty of pure, fresh air and sunlight, and a nutritious, digested or digestible, and easily assimilated dietary are the best tonics. Spinal and epigastric sinapisms are also of value, and anodyne, rubefacient liniments, as of chloroform, camphor and the volatile liniment, with turpentine and capsicum, and galvanism from nucha to solar plexus. A predisposition to attacks of migraine is sometimes awakened by anæmic, cachæmic or toxhæmic states of blood, which especially interfere with normal nerve nutrition in the neurotically inclined. In the first state of the blood, the hæmic reconstructive should be mostly ferruginous; in the second, ferruginous and specific; in the latter, mainly specific, conjoined with good food easily appropriated by the system, which is indicated in all impoverishments of blood.

Quinine and arsenic in malarious districts, whether the patient has the usual visible malarial symptoms or not; mercury and potassic iodide in syphilitic migraines (such do have migraine as well as the specific constant, cephalalgiae); iodide of potassium and iodine in the migraine of lead workers; iodine and iron for the scrofulous. Strychnia, arsenic and cod liver oil are seldom contra-indicated in the anæmic, though the stomachs of many patients revolt at the oil, and it had better not be urged on them. Many subjects of migraine, however, are not anæmic, and some are actually habitually hyperæmic, so far as the head circulation is concerned, and their life habits are such as to keep up an exalted cerebral blood pressure; and though migraine is to such the most fortunate circumstance that could happen to them, in putting periodical stops to their over-work and excessive worry, and enforcing resting spells at times in their over acting careers, they often finally die of gross cerebral affections, after they have reached the period when excessive keeness of sensibility, emotional and sensory, ceases. But migraines, like constitutional neurasthenics, are often also long lived and not especially liable to a grave cerebral disease.

The mistake that has been made in the medical conception and consequent management of migraine, consists in its having been regarded as a want rather than as an over draught of cerebral power, and consequent abrupt collapse in those who, fortunately, are prone to this collapse from exhaustion short of distinctive cerebral lesion. These patients become

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cerebrasthenic before brain construction gives way, while others not so hereditarily inclined go on till stopped by apoplexy or aphasia. Subjects of migraine are usually among the milder class of neurotically endowed, and they do not often have, or congenitally entail, the grave neuroses.

In consequence of this mistake, a coercive tonic plan, so-called, but often more stimulating than tonic, has been thought generally the best, whereas the majority of migraines require suppression and regulation of their nervous forces; the maintenance, by corrective restraint and medication, of a judicious equilibrium in their mental movements, so as to balance daily the cerebral waste and repair. They need to be taught and medicated so as to stand life's frictions, so as to give their brains a reasonable chance for rest and repair, and their stomachs a fair opportunity to do its work and answer the encephalous prayer for daily sustenance. They need a physician to constantly advise and regulate them, as they need an attorney in their business affairs to keep them safe from financial shipwreck. The business maxim "never to postpone for to-morrow what ought to be done to-day," and never to wait for the next train, if by any possibility the train that has gone can be caught, should be modified to read—"what ought to be done to-day only, without violence to your organism, should be done, and if to-day's train can not be made without over-strain to the system, which may be the beginning of a subsequent breakdown of the cerebro-spinal system, wait for the next train and save yourself."

Migraines, in their best physiological condition, are naturally active and prone to overwork under business stress. They are ambitious and restlessly inclined to constant endeavor, and seek occupations that readily lead to final over-strain, for when they are busiest they are always happiest.

The rational indications for preventing recurrences of attacks of migraine are repressive cerebral restraints and reconstructive medication. To this end the occupation of the patient should be regulated by his physician, and not alone the consequences of injudicious over-work treated. The nervous system should be tranquilized, and the nerve capital and brain force economized during the longer or shorter interval between the attacks.

The patient's brain power should never be squandered. The victim of migraine can not afford to be prodigal of his mental power; if he does, the end of his prodigality will be husks, and he will sooner or later realize that he has unpardonably sinned against nature. It will be fortunate for him if, in his repentance, he seeks and finds a physician who, instead of goading by stimulating, represses, conserves and regulates his powers.

Migraine with melancholic complication, sometimes preceding or following the attack, justifies opium and aloes, or codia and aloin, but in the habitual management of frequently occurring attacks it is a most pernicious practice to use opium freely enough to subdue the pain, and the same is true of the free use of whiskey. Nature needs healthy rest, normal restorative tranquilization and prolonged, healthy, refreshing sleep, not the enforced and fitful dreamy somnolency or profound stupor of narcotics. If sleep does not come in due season with the administration of bromide of potassium or ammonium, chloral may be given in a thirty or forty grain dose, largely diluted, when the night time comes on, when the vomiting and nausea have about ceased.

The bromides are the best remedies for the precursory restlessness and fidgits; so also the tranquilizing warm bath, if that be at the time convenient to the patient, so that he will not be too much disturbed in being put into it. Valerian root added to the bath is of value in the hysterical. Under this treatment the tingling sensations and temporary numbness disappear. Hot pediluvia, bottles and sinapisms to the feet, also to the spine or stomach, are serviceable in arrresting temporary vital prostration. The bath and the bromides serve also to tranquilize the heart and relieve the head by diverting the blood to the feet, for while the carotids are full the radials are small, and the peroneals are smaller. I have known the hemianopsa, which is a subjective phenomenon due to encephalic sanguineous pressure, to disappear during the bath, and to be arrested by the bromide treatment preceding the coming on of the attacks, likewise the photopsia and photophobia. Contrary to the statement of Latham and others, that bromide of potassium is more serviceable during the attacks than in the interim, I affirm that if properly employed, so as to secure a restful state of the nervous system, and a tendency on the part of the cerebrum when not actively employed to seek repose, its effect is decidedly beneficial in prolonging the interval and shortening the attacks, and finally in preventing the recurrence of the latter altogether. To accomplish this end the bromide must not be given to sanguineous saturation, and, to be enabled to rely on the smallest quantities of this salt, galvanism must be conjointly

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employed and with persistent regularity, especially if bromism is shown either in eruption or impaired mobility or cerebral stupidity. The temporary hyperæmia of migraine is induced by defective vaso-motor innervation, and consequent paralysis of control over the caliber of the cerebral arteries, which are thus allowed to produce a painful degree of cerebral distension; the turgid brain even robs the face of blood, and the pupil contracts not only because the retina is hyperæsthetic, but because of irritation of the ophthalmic ganglion and the origin of the third nerve in the gray neucleus in the floor of the sylvian aqueduct. It is astonishing how descending cephalic galvanization, or galvanization over the cervical sympathetic centre, and under the ramus of the jaw, will cause these symptoms to disappear by the restoration of tone to the vaso-motor system that controls the circulation within the head; but to make the relief permanent, sleep must follow and rest absolute to the brain, as tired nature demands, until recuperation from the exhausting causes that precipitated the attack comes in the course of nature's benignant vis medicatrix, assisted by our art. These conclusions are not conjectural, but based upon a success in the management of migraine that has not disappointed, and been satisfactorily verified in the writer's own person also. The view of Wilks and others respecting the incurability of migraine is too discouraging and unjustifiably hopeless, due to neglect of suitable management in the interim of the attacks, just as frequently recurring hysterias are thus too much and too often neglected. One of my patients, formerly (eighteen years ago) a two days' victim to migraine prostration every fortnight, now and for fifteen years past has only occasionally, once or twice a year, a reminder in the return of the boring sensation over the eye or on the temple, which a prompt electrization and a drachm of bromide of potassium in peppermint water causes to disappear. The rest of the treatment he has learned himself—it is to cease going so fast with his work for the time, and take more rest for a few days, and not to fret because he can not accomplish the work of two days in one.

I have encountered a form of migraine that sustains a relation to ordinary megrim, or migraine major, similar to that which petit mal bears to the grand mal or epilepsia gravoir, and it might justly be termed migraine minor or mitior. It sometimes follows, like epiliptoid does, the graver malady, and sustains the degree of relationship that the simple vertiginous seizures do to the convulsive attacks, or like the epilitiform disease, it may precede the haut mal of migraine.

The case just referred to is an illustration: a case now under observation had for eighteen months periodic attacks of photophobia and confusion of vision, cold feet, increased heat and sense of fullness, and slight pain in the head, associated with general uneasiness and indisposition to exertion, lasting for several hours of a day in each month, sometimes oftener, if she used the sewing machine to excess in making her own clothing, always a source of worry to her. The attacks no longer recur since the adoption of the treatment indicated for graver cases, the more moderate use of the sewing machine, and the relegation of her best dress making to other hands. The making of a stylish dress is sometimes a great strain on a woman's mind.

Migraine being self limited in the duration of its attack, as it is in its final recurrence, passes away with advanced age, if it does not develop into a chronic malady. Much of its former therapeusis has been misleading, because the attacks have passed off pending the administration of certain drugs, which at best have been of secondary value, such as valerian, camphor, hyosciamus, asafœtida, Hoffman's anodyne, ether, etc. An attack may, however, be cut short with chloroform and camphor, or preferably chloral and bromide of potassium, but the sleep which follows should be a prolonged one, and the patient should awake refreshed and in a condition to receive, and must have, adequate nutrition to compensate for his exhaustive experience. If he does not, another attack will be likely to soon recur, unless the foregoing hints as to intermediate treatment are put into practice, and this the patient will not always acquiesce in, but migraine, in the interval of the attack, should be managed very much like the successful treatment of epilepsia. While relief during the attack is desirable, it is all important to the well being of the patient to prevent the paroxysmal recurrences by intercurrent management.

ADDENDUM.

The extemporaneous character of this paper precludes a full description of the asserted alliance between migraine and epilepsia; but there has been demonstrated no real pathological kinship between these two maladies of the nervous system, and the asserted connection between them can not be clinically shown except in exceptional instances. True migraine victims comparatively seldom become epileptics in later life, and the coming

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on of attacks of epilepsia, or epileptoid and migraine, are essentially different, the one being sudden, with momentary loss of consciousness, often with an aura, frequently in the night, but more often just on awaking from sleep in the morning, and often followed by headache; the other approaching gradually, never with loss of consciousness, generally preceding sleep, and passing away with it or relieved by it, and never coming on after or during a profound sleep as epilepsia so often does. The general therapy of the two being quite similar proves nothing, except that neurotic tranquilization and the balancing and conservation of force are equally valuable therapeutic procedures in each of these neuroses, and that temporary tonicity imparted to the cerebral vaso-motor system, as by minimum doses of nitroglycerine, mild cephalic, desending galvanism, etc., are equally efficient in warding off the tendency to recurring exhaustion, which in migraine appears to be in the cerebral vaso-motor system, while in epilepsia it appears to be primarily in the psycho-motor area of the brain, with secondary and rapidly following vaso-motor impairment—spasm and paralysis. The hyperæsthesia of migraine and the anæsthesia of an attack of epilepsia are as opposite as consciousness in the one and the absence of it in the other. Headache is the sign essential of the one, while it is the sequel rather of the other.

The sometimes beneficial effects of volatile inhalants and stimulants internally in the beginning of each, to postpone an attack, do so by restoring and prolonging vaso-motor tonicity and preventing the vascular intracranial movement, upon which the diverse phenomena of the two different morbid conditions depend. To abort epilepsia, nitrite of amyl, camphor and the pungent ammonia salts must be inhaled in the very beginning of the aural stage; they are more or less serviceable at any time during an attack of migraine, except the amyl nitrite; the latter, which is the inhalant par excellence in epilepsia, often aggravating an established sick headache.

An epileptic subjected to the cerebral vascular conditions of migraine, the arteriole spasm and relaxation, would always have epilepsia, because of an hereditary tendency which is absent in the brains of migraines, viz. a tendency to further morbid movement, reaching to unconsciousness and convulsions, founded in the organic constitution of the cerebral texture. Neither of these conditions belong essentially to migraine, though when the epileptic diathesis co-exists with recurring migraine, the transition is easy and natural into confirmed epilepsia.

[The discussion on this paper is in the hands of the Publishing Committee, and may be expected in the next number.]

REPORT OF A CASE OF POLYDACTYLISM RECURRING THROUGH FOUR GENERATIONS.

H. M. BROWN, M.D., MILWAUKEE.

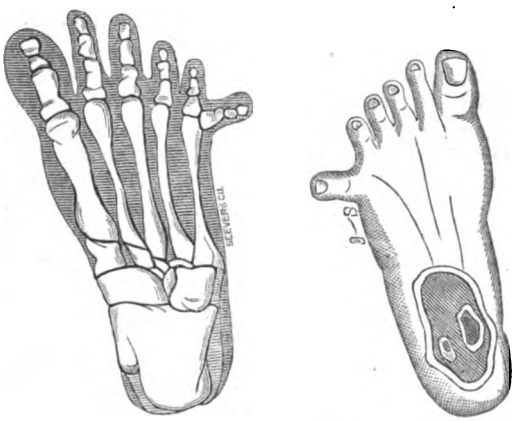
October 15th, 1883, I was called to operate on a female child of Christ M., for removal of a supernumerary toe on each foot. The father of the child gave the following family history in relation to its polydactylism, to the best of his memory:

1st GENERATION. — Great grandfather, six toes on each foot.

2nd GENERATION.—Grandfather, six fingers on each hand; grand aunt, six toes on each foot.

3rd GENERATION.—Father, six toes on each foot, six fingers on each hand. Brother and two sisters the same.

4th GENERATION.—1st, one son, six fingers on each hand, six toes on each foot; 2nd, girl, six toes on each foot; 3rd, girl, normal; 4th, boy, normal.



The anatomy of the junction of the supernumerary toe joint was simple, the proximal end of the supernumerary phalanx was joined to the exterior surface of the end of the fifth metatarsal bone by a separate and distinct joint, having its own proper synovial sac and system of ligaments, while a separate tendon was joined to the supernumerary phalanx, both from the flexor and extensor muscles, so that amputation of the toe had no effect on the metatarso-phalangeal joint of the fifth toe.

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The operation was done under antiseptic precautions, and the wound was perfectly healed ten days after the operation.

SOCIETY PROCEEDINGS.

CHICAGO MEDICAL SOCIETY.

Jan. 7, 1884.

DR. J. G. KIERNAN read a paper on Perverted Sexual Instinct, of which the following is an abstract:

Caspar was the first to describe this condition; but not until a Hanoverian lawyer, Ulrichs, himself a sufferer from the perversity, described his conditions did physicians begin to study the subject.

Westphal was the first physician to describe in a systematic manner cases of this type. Since his time cases have been reported by Schminke, Scholz, Servaes, Krafft-Ebing, Legrand du Saulle, Tamassia, Raggi, Charcot and Magnan, Shaw and Ferris, Spitzka, Blumer, Wise, and Dr. H——. Dr. Kiernan had seen three cases of this type, of which two were insane. He cited the following summary of symptoms given by Krafft-Ebing as characteristic of the condition: Congenital absence of normal sexual feeling and at times repugnance to normal intercourse. This condition appears in sexually normally developed human beings. Sexual desire appears at an early age and extends to the same sex; at most this feeling finds expression in mutual onanism; as a rule paederasty is repugnant. Dr. Kiernan's pure case was that of a female of neurotic paternal ancestry. Her cranium and face were asymmetrical. The patient delighted in boys' games. She felt herself sexually attracted by certain of her female friends, with whom she indulged in mutual masturbation; these feelings came at regular periods and were increased by the sight of the female genitals. The patient in the interim manifests only repugnance to attention from males. She has been struck with the fact that while her lascivious feelings are excited by females those of her friends are excited by males. She has hence regarded her own feelings as morbid. At times she has the imperative conception that if she turns her head her neck will break, and in consequence keeps her head in a constrained position. Causes: Sex would seem to be a predisposing cause, but this opinion would be based on imperfect data, since female sexual desire is not easily ascertainable. The great predisposing cause is neurotic heredity. Treatment: The condition being congenital, removal of the perversion is out of the question, and Dr. Wise* recommended that all cases should be sent to hospitals for the insane. Kirn and Krafft-Ebing have recommended that the law should recognize this state of things, and only punish the victims of sexual perversion when they violate public decency. Dr. Kiernan had secured good results in his case by regarding it therapeutically as one of nymphomania, and aiding the patients will power to control the perversion by anaphrodisial measures and an intellectual course of study.

A short discussion followed, but no new features associated with such cases were developed.

DR. KIERNAN called attention to the fact that it is necessary to distinguish this perverted instinct from the vice of paederasty, the existence of which has been recognized in almost all countries and all times.

DR. C. E. WEBSTER then read a paper on the Mechanical Treatment of Dorsal Caries with Great Deformity, of which the following is a summary:

The object of the paper is the consideration of the merits of a form of apparatus which is applicable to the treatment of the particular class of cases under discussion. These cases are those which grow progressively worse in spite of the ordinary mode of treatment, however skillfully it may be applied. A typical case of chronic non-suppurative spondylitis of several years standing with the invasion of an indefinite number of the dorsal vertebra, presents a depraved condition of the general health and the common deformity.

In the treatment of such a case the points to be considered are the general condition of the patient; the diminished capacity of the chest; the local irritation of the diseased bones by the motion of the ribs, by lateral motion between the vertebra, and by the superincumbent weight; lastly by the deformity.

Exercise in the air is beneficial to the patients' general condition, both directly as a hygienic measure and indirectly by affording him opportunities for pleasant occupation during necessarily protracted treatment. Drugging is to be avoided. The capacity of the thorax naturally diminished by the disease is generally still more reduced by surgical interference, thus materially diminishing the patient's lung room. In such a case any further constriction of the thorax is unwise. The motion of the heads of the ribs can only

*Alienist and Neurologist, Jan., 1882.

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be prevented by constricting the chest, and is, therefore, an unavoidable evil. The lateral motion is self limited by the irregularities of the vertebra, as well as by the production of inflammatory tissue. The application of a posterior splint with a view to diminishing this motion is inexpedient, because it is difficult to make a splint bear evenly around an abrupt curve; if applied it will be inefficient as a splint unless it is strapped to the chest, impeding respiration; its pressure will be unequal and liable to cause irritation: theoretically it is inapplicable, as the greatly deformed spine can not be bent straight, thus throwing the weight on the posterior healthy part of the diseased vertebra, and lastly it is found to fail in practice. The prime factor in perpetuating the caries is downward pressure of the parts above the point of disease. This is constant while the body is in the vertical position and is aggravated by every jar or motion. The patient finally seeks relief for his distress by rest in a horizontal position. This may be adopted as a mode of treatment but is inconsistent with exercise. The support of the weight by some portable apparatus is more in accordance with the requirements of the case. The weight to be supported is the part of the body superior to the disease, and consists of the head and arms, with that portion of the trunk which is most directly dependent from them. The base upon which it is to be supported is the upper rim of the pelvis.

There are several methods for the reduction of the deformity. They are the posterior splint; rest on the back and suspension by the head and axil. They are all objectionable and the last is dangerous if sudden and complete. Slight extension is preferable to complete suspension. In general it may be stated that any treatment of the deformity, as such, is bad surgery. From these considerations the following proposition is deduced: In advanced cases of Pott's disease, with great deformity of the thorax, support of the weight of the parts superior to the disease, with slight extension, is sufficient treatment, while other interference may be dangerous.

The apparatus exhibited has been in use for several years and has proved itself to be an efficient and comfortable instrument. It consists of a piece of sheet steel, hammered so as accurately to fit the parts without padding, extending from just below the anterior superior spinous process of the illium along the crest across the sacrum, where it becomes somewhat wider, and around to the point on the side of the pelvis corresponding to that from which it started. From this arise short steel crutches with curved wooden tops that, resting in the axil, support the weight of the arms; posteriorly arises a rod which, following accurately the curves of the spine without touching it, terminates at the top in a socket into which fits the next part of the apparatus. This part of the cut consists of a semicircle of light iron rod, with a pivot in the center of its length fitting the socket just named and a screw at either end. These screws are about an inch and a half long and are for the adjustment of the height of the patient's head. They are slotted at the top to receive the stud-like brass bearings of the head piece. This latter part of the cut consists of a horse shoe shaped piece of sheet copper, with the opening behind. It is hammered or wedged to accurately fit the occipital region on either side, extending forward under the mastoid process along the body of the jaw on either side and around the point of the chin.

The original features of this apparatus are: The perfect adaptation of metal to the form of the body, thus avoiding padding and producing the minimum irritation of the skin. The form of base, resting on the upper part of the pelvis and held in place in part by its own form and weight, and in part by the weight of the arms, but without straps or any other impediment to the freedom of the chest and abdomen. Lastly, the nodding motion of the head combined with perfect support of the weight of that member during all phases of that motion. The plaster splint with jury mast, suspending the head and axil from some form of coat, and suspending from a fixed point, are all modes of treatment applicable to the class of cases considered.

The adaptability of the apparatus exhibited by Dr. Webster was universally favorably commented upon by those who inspected it.

Further progress was reported by Dr. Andrews towards the establishment of a medical department in the public library.

On motion the library committee was requested to confer with the Medical Press Association, to ascertain whether it would be possible to effect a union of the library of the Medical Press Association with the neucleus of the Library now in course of development.

Meeting adjourned.

MILWAUKEE COUNTY MEDICAL SOCIETY.

Regular meeting, Dec. 26, 1883.

Dr. S. W. French, vice-president, in the chair.

Minutes of last meeting read and changed to

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read, in regard to Dr. Senn's case of ligation of common carotid for eroded aneurism of internal carotid artery, and to say: "Strictures of urethra most frequent at meatus decreasing in frequency as the membranous portion is approached, where they are seldom or never found."

Dr. French then read the paper for the evening on Gunshot Injuries of the Femur, it being rather a report of a case than a dissertation on the subject. The bullet in this case entered the thigh in the popliteal space. Hemorrhage was slight. The use of the probe detected roughened bone, and upon motion crepitus was distinctly manifest. Diagnosis was made of compound fracture of the femur. Search was made for the bullet. The leg was put up in Robertson's modification of Smith's dressing. Wound dressed antiseptically with drainage into a wad of oakum; the discharges were profuse, and the pulse and temperature indicated stimulants, which were given in the form of ammonia, liquors being prohibited by the previous intemperate habits of the patient. In spite of all precautions pus formed and burrowed up into thigh and downward into the knee-joint, so that it was necessary to operate to relieve tension and permit escape of pus. Bullet removed forty-one days after receipt of injury. The leg was afterward treated by means of sand-bags and Hamside splint, afterward with dextrine bandage. The knee joint becoming finally affected, causing adhesions and stiffness, attempt was made to break up the adhesions, which however resulted in causing transverse fracture of the patella. The patient was remanded to bed, and after three weeks presents himself with some motion in the limb, and a slightly everted foot.

The report led to considerable discussion, in the course of which Dr. Senn advanced the conservative theories of the more recent European writers with regard to non-interference with the bullet, and the antiseptic transformation of the compound fracture into a simple one.

Dr. Senn produced specimen and reported case of compound, comminuted, complicated, and impacted fracture of lower part of thigh, in which the knee-joint was involved; acute tetanus intervened, causing death. He spoke very strongly of the means which were justifiable for producing complete drainage of the thigh in cases where pus had formed—and considered the case reported by him as calling for primary amputation.

Discussion declared closed.

Dr. H. W. Brown reported case of subclavicular dislocation of the humerus, the head of that bone being forced under the convexity of the clavicle by a backward fall upon the elbow; the arm was kept in place after reduction, which was easy, by means of a splint fastened across the abdomen with the elbow bandaged in front of it, and with a small flat pad forced up into the axilla.

Dr. Senn presented specimen of hand torn off at the carpo-radial articulation, and having ten or twelve of the tendons of the forearm still attached to it. The specimen was from a man crushed in a gravel pit, who at the time of this injury also received an upward and backward dislocation of the head of the femur.

The discussion of Doctor Fox's paper on Lacerations of the Perineum was briefly entered into, after which Dr. Senn gave a demonstration of Fritsch's method of amputating the uterine neck, and showed the cross method of securing the flaps to prevent occlusion of the os uteri.

Dr. French reported a case of fæcal fistula at the umbilicus.

Dr. Farnham presented specimens and offered some suggestions in regard to Staining of the Bacillus Tuberculosis.

Society adjourned.

H. W. Brown, Sec'y.

BOOK REVIEWS.

The Medical Student's Manual of Chemistry. By R. A. Witthaus, A.M., M.D., Professor of Chemistry and Toxicology in the University of Buffalo, etc., etc. Pp. 370. New York: Wm. Wood & Co. St. Louis: J. H. Chambers & Co.

The study of chemistry has always been a bête noire of the medical student, and he who will present the subject in as simple and yet practical a form as possible will receive the grateful acknowledgments of those who are benefited thereby. In the work before us this has been in a great measure accomplished, for, as is stated in the preface, "the author has striven to produce a work which should contain as much as possible of those portions of special chemistry which are of direct interest to the medical practitioner, and at the same time to exclude so far as possible, without detriment to a proper understanding of the subject, those portions which are of purely technological interest." The work is divided into three parts; the first treating of the principles of the science; the second, of special chemistry; and the third, devoted to labora-

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tory technics, which latter might have been enlarged, we think, with advantage. The book is issued by the well-known house of Wm. Wood & Co., which is a guarantee of its typographical excellence.

THE TREATMENT OF WOUNDS AS BASED ON EVOLUTIONARY LAWS. By C. Rilfield Mitchel, Member of the Royal College of Surgeons. Published by J. H. Vail & Co., New York. St. Louis: J. H. Chambers & Co.

This is a little book of twenty-nine pages. Those who are pleased with the mental-philosophical-style of medical literature, especially if they are sick of the germicide craze which seems to be inundating medical thought, will receive it with pleasure. Personally, we confess to the necessity of being obliged to read several times a good part of the book before being assured that we understand just what the author wishes to establish. We are in perfect accord, personally, with the general conclusions of the author, namely: that the average surrounding atmosphere is not obnoxious to healthy incised wounds, and hence the commonly used antiseptics in such cases are not only useless but obnoxious; that everything, as far as possible, in the form of a foreign body should be carefully prevented from soiling such wounds, and the necessary refuse associated with such wounds should be removed with the greatest care. The author substantiates his position by quoting the unparelleled results of Lawson Tait — ninety-seven recoveries and only three deaths in one hundred consecutive cases of ovariotomy— and the comparative results of Dr. Borland, of the Kilmarnock Infirmary, who uses no antiseptics, with those of Dr. Cameron's antiseptic practice at the Glasgow Royal Infirmary. The comparison tells wonderfully in favor of Dr. Borland's mode of procedure.

A TREATISE ON SYPHILIS IN NEW BORN CHILDREN AND INFANTS AT THE BREAST. By P. Diday. Translated by G. Whitley, M.D., with Notes and an Appendix by F. R. Sturgis, M.D. Published by W. Wood & Co., N. Y. St. Louis: J. H. Chambers & Co.

This is the October number of Wood's Library of Standard Medical Authors for 1883. Syphilis enters so frequently into the various questions associated with the physician's every day work that we are satisfied the various records and reflections on the subject contained in this work will aid him frequently in the formation of his judgment previous to the determination of action. The work of P. Diday scarcely requires introducing to the profession, and we are disposed to think with the American editor that the form that he has given it, namely, supplementing the various articles with his own ideas, and at the close adding an appendix, is the best that could be adopted. In this appendix Dr. S. discusses two points, namely, the viability of syphilitic children and the accidents known as late congenital syphilis. Dr. S. wastes no words, advances his facts and supplements his conclusions in such excellent order that one is disposed to regret that he did not carry out his original idea and write a separate work.

AN ETHICAL SYMPOSIUM, BEING A SERIES OF PAPERS CONCERNING MEDICAL ETHICS AND ETIQUETTE FROM THE LIBERAL STANDPOINT. By Various Authors. Published by G. P. Putnam's Sons, N. Y.

This is a collection of papers by Drs. A. C. Post, Wm. S. Ely, S. Oakley Vanderpoel, Lewis S. Pilcher, Thomas Hun, Wm. C. Wey, John Ordronaux, Daniel B. St. John Roosa, Cornelius R. Agnew, Abraham Jacobi, and H. R. Hopkins. The papers originated from a suggestion that some of the representative members of the profession in the state of New York should state why Dr. Flint's arguments in defense of the old code were insufficient. This has certainly been done in spirited and elegant phraseology and backed by good logic. The names of the authors will be a sufficient guarantee. The book is printed with a good readable type.

THE DISEASES OF WOMEN. A MANUAL FOR PHYSICIANS AND STUDENTS. By Heinrich Fritsch, M. D., Professor of Gynecology and Obstetrics at the University of Halle. Translated by Isidor Fuerst.

This book, a quarto volume of 355 pages, 159 wood engravings, is one of the series of Wood's Library of Standard Medical Authors of 1883. We can but feel indebted to the enterprising publisher for placing before the profession of this country the valuable results gathered by so able a gynecologist as Heinrich Fritsch, of Halle. The book is a very readable one, and although we may notice through its pages some little awkwardness or peculiarity of expression, it is less than we mostly find in translations which adhere as closely to the text as that of Dr. Fuerst; and the German student will at once recognize the clear and forcible expression of the author, which however does not appear

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quite as well when so faithfully repeated in our own language.

Fritsch stands prominent among the active gynecological workers, and his book is thoroughly characteristic of the direction of the modern school of gynecology in Germany, operative rather than therapeutic; a type of that school, it shares the solid merits as well as some of the faults.

Among the leading features is the stress which is laid upon careful examination; upon bi-manual examination and anti-sepsis in examination and manipulation, as well as in treatment and operation. So expert an operator as Fritsch has naturally devoted much space to the latter method of relieving the morbid conditions of the female sexual organs, and it is but right that he should. Therapeutic measures have not perhaps received quite the proper attention. The cylindrical speculum still plays an important role.

An excellent hint is given as to the observation of proper tact in the treatment of patients; the necessity of proceeding with care, of not frightening the patient; not manipulating too rudely, or uncovering her needlessly, or touching her roughly. This is, as the author says, forgiven far less readily than an erroneous diagnosis; he adds, many an older gynecologist owes the greater part of his practice to his tact and behavior rather than to his knowledge and results.

Most of the illustrations are well chosen; anatomical conditions are clearly represented and operations explained. Among the instruments represented are some most excellent, which deserve the attention of the American practitioner.

Throughout the work the author gives us the result of his experience in an admirable way, and the value of the work lies in this very fact, that it is not one of those compilations which we unfortunately so often see, but the result of experience and independent work; and we have in brief shape the authors' own methods, his manner of operation and treatment, his results, and a brief comparsion with those of others. Though we may not agree with many of his views, great profit is certainly to be derived from so original and independent work, and it is one to be recommended to all interested in progressive gynecology, especially in operative work.

GEMS.

Cremation is becoming popular in Rome.

Philadelphia has organized a Medico-Legal society.

The Archives of Medicine has discontinued publication.

Corrosive sublimate seems to be the coming antiseptic.

A Neurological Society is to be established in Philadelphia.

New Remedies has changed its name to American Druggist.

Da Costa recommends small doses of arsenic in chronic gout.

Bartholow considers thymol the best deodorizer of iodoform.

The British Medical Journal claims a circulation of 11,650 copies.

Dr. J. Marion Sims has left a posthumous novel ready for publication.

Resection of the stomach has been performed in Germany thirty times.

Dr. Willard Parker is in a precarious state; his death may occur at any time.

A bill to investigate color blindness in the navy is to be presented to Congress.

The N. Y. Electic College has been sued by the State for selling blank diplomas.

Dr. Koch has left Bombay and is now pursuing his chosen investigations at Calcutta.

The Garfield memorial hospital trustees have purchased a building in Washington.

Professor Charcot has been given a banquet in honor of his election to the Academy of Sciences.

The brain of Turgenieff, the Russian novelist, weighed 2,012 grammes; this is the heaviest brain on record.

Present statistics show that there has been a large increase of doctors in France in proportion to the population.

Professors Joseph Lister and Wm. Bowman have been made baronets. Does this add anything to their fame?

Dr. Dudley S. Reynolds has withdrawn from the Louisville Medical Herald; Dr. Edward Miller is his successor.

The city council of Ottawa, Canada, has ordered the closing of a local foundling hospital; the average mortality for two years was 90 per cent.

Yellow Fever still continues to prevail in Mexico, and most of the South American States, and it will require even greater vigilance than was ordered last year to prevent its importation into this country.

The International Review of Medical and Surgical Technics has made its appearance. As its name indicates, it will be devoted to new instruments, appliances, etc. The editors are J. H. Warren, C. E. Warren and W. E. Smith; it will be published in Boston and appear quarterly.

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THE WEEKLY MEDICAL REVIEW.

VOL. IX. No. 3. CHICAGO AND ST. LOUIS, JANUARY 19, 1884. TERMS: $3.00 A YEAR.

THE QUESTION OF THE FALSIFICATION of French brandies has furnished Dr. A. M. Miller, of Philadelphia, with a subject of discussion which interests us medical men more than would appear from a mere cursory view of the subject. His paper was read before an auxiliary department of the Department of Medicine of the University of Pennsylvania, and published in the New York Medical Journal. He has stated that from the consular reports the French brandies are very generally falsified, a statement, by the way, which should scarcely require reiteration but from the fact that the majority who use it reflect so little on its production, and that a good number of physicians must be assigned to the category of those who do not reflect on the subject. Manufactured alcoholic liquors, such as brandies, whiskies and the like, are highly complex substances, and the majority of them contain in considerable quantities some of those higher alcohols, such as fusel oil and the like, which have been shown by physiological investigators to be much more injurious in their effects when used to excess than the regular ethylic alcohol. Now if there is one feature by which the therapy of to-day may be characterised, it is the manifest spirit of justice relative to the different drugs which pervades the profession. The careful observer of to-day is anxious not alone to relieve his patient, but to know just what circumstance has brought the desired relief, and his prescriptions are consequently characterised by their simplicity. Now in a goodly number of affections, such as trichinosis, venomous bites, diphtheria and the like, the value of alcoholic liquors is certainly losing none of its ground, and in some of these affections it is given in large doses. In view then of the complex nature of the recognized brandies and whiskies, as well as the demonstrated peculiar effects of some of the higher alcohols which these liquors contain, the suggestion of Dr. Miller, namely, that the simple rectified spirit manufactured here in America, and sold as rectified spirit, ought to be more highly appreciated. If we wish to administer amylic alcohol or fusel oil, it can be prescribed of known strength. Dr. M. tells us that the rectified spirit is freed from the "amylic and other higher alcohols" by percolating through granulated charcoal. We should like to see this proven, and trust it is so, in which case rectified spirit will have for us a greatly increased value.

THE FOLLOWING IS A SUMMARY of the observations of Dr. A. A. Rawa, on the uniting of different nerves, as given in the Centralblatt für Nervenheilkunde, etc.: In the first series of experiments Dr. R. divided the peroneus and the tibialis posticus, and united them thus: the central part of the peroneus with the peripheral part of the tibialis posticus, and the central part of the tibialis posticus with the peripheral part of the peroneus. The immediate result of the operation was the paralysis of the extremity operated on. After a time, however, function was restored—at first only partially, later the function of the limbs was complete. The time necessary to establish normal function varied from three to sixteen months. When the central part of one nerve was united with the terminal part of another, only the function of the latter was re-established. In a second series of experiments, Dr. R. united in a similar manner nerves of different functions; for example, the hypoglossus and the vagus. Not all animals supported this operation. Experiments were made on rabbits, cats, dogs,

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sheep, goats and pigs; the last two supported the operation the best. The cutaneous incision was made from the angle of the lower jaw, in the direction of the larynx. When the muscle is pushed aside, both nerves are revealed. In these cases also three, eight and sixteen months were required to re-establish the nervous functions. Usually the operation was performed only on one side. When the central end of the vagus was healed with the terminal end of the hypoglossus and irritated, there followed invariably an upward movement of the tongue, an elevation of blood pressure and deep breathing. On the healing of the central end of the hypoglossus with the peripheral end of the vagus, irritation of the nerve above the union produced suspension of the heart's action in diastole. The demonstration was made by the curve of the blood pressure. When, at different epochs after the operation on one side, the same operation was attempted on the other, the animal died either immediately or after a few weeks from pneumonia or atony of the bowels, the latter condition obtaining the bowels seemed choked up. Dr. R. exhibited (Odessa, fall of 1883) three rabbits on which both operations had been performed. One of these had been operated on for the union of the central end of the hypoglossus with the peripheral end of the vagus on one side already, three years ago; and on the same rabbits, two years previous to the exhibition, the operation for the union of the peroneus with the tibialis posticus had been performed. The movements of the paw were normal. Dr. Rawa thus summarises the conclusions from his experiments. I. The central nervous apparatus can influence peripheral organs which do not properly belong to it, provided that it be artificially connected with such peripheral organs. II. The perceiving power of the nerve centers depends in a high degree on the peripheral organ with which they are connected, and can be artificially changed and made to answer to the irritation arising from the periphery. III. The education and exercise of the peripheral organ have a great influence on the make up and development of the central nervous system.

An Anæsthetic Mixture has been devised by Dr. Wm. A. Byrd, of Quincy, Ill. Its composition is as follows: Bromide of ethyl one part, chloroform three parts, alcohol four parts. It is used either with an inhaler or inspired from a cloth, but on account of the quantity of chloroform which it contains it is necessary to admit a large quantity of air. The usual time required for "complete anæsthesia" is from one to three minutes in children and from three to five and eight in adults. We publish the above in order to give our subscribers as complete a knowledge as possible of what their colleagues are doing; but we wish to express at the same time a personal objection to such complication in the production of anæsthesia. The mixture practically differs little from the well known mixture, which has had its advocates, of chloroform, ether and alcohol; the chloroform is, however, in relatively larger proportions, and the long tried and faithful sulphuric ether is excluded for the comparatively little known bromide of ethyl. We speak thus not from a want of familiarity with the bromide of ethyl, as we have a well grounded impression that we actually made and administered the first sample of bromide of ethyl which was used in the west; nor have we any item of experience with which to accuse bromide of ethyl, it is a remarkably pleasant and quick anæsthetic; had it not been for the unfortunate death which occurred, we think, in the experience of the late Marion Sims, it would have secured a wider field. But we have a decided impression relative to the undesirability of mixing for anæsthesia two such substances as bromide of ethyl and chloroform. The physiological effects of the former have not been sufficently studied, and the action of the latter has been shown to be, except in cases of labor, decidedly more dangerous than sulphuric ether. The English people, who for so long a time adhered to chloroform, are very generally now using ether. Our opinion is that it is not a new

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anæsthetic that we require, but a better accquaintance with the old friend which had its birth in America, and which will serve us just in proportion to our intimate acquaintance with its peculiarities.

A Process for the Gradual Removal of teeth has been publicly brought before the Academy of Sciences, in. Paris, by Paul Bert. Its public recognition seems to be due to a Geneva dentist, although the fact has been for some time past recognized. The process is as follows: Place over the tooth to be extracted a piece of perforated rubber, the perforation being of such a size as to make the rubber fit the tooth tight, press it down well on the tooth and allow it to remain there; after four or five days the tooth comes out of itself. A short piece of rubber tubing answers the purpose. In certain cases we can conceive that this process will be found very advantageous. For example: in cases of unusual nervous excitement; in cases where the tooth is a mere shell and will unquestionably break in the effort to remove it; it may also be useful for the country practitioner at certain times when he may have no forceps with him.

We quoted from Dr. Grassi's observations a few weeks ago demonstrations of the possibility of conveying infectious principles from the sick to the healthy by means of flies, and now Dr. C. Finlay suggests the transference of yellow fever through the influence of the mosquito. It is to be regretted how negligent some people are in preventing flies and other insects from disturbing the sick. An additional incentive to such delinquents may perhaps be found in the danger associated with the contact of the fly for those of the family who are still whole. Possibly such measures to protect the sick from flies may be even more efficient in arresting the spread of disease than the red card placed over the door by our health officials, or even the odorous carbolic acid and other like disagreeable substances—especially should the sick be protected from flies in our hospitals.

Several Journals—the London Lancet, Louisville Medical Journal, etc.—have of late been giving methods of producing decolorised tincture of iodine. One writer uses hyposulphit of soda and another phenol. That under such circumstances the color of the iodine is removed is unquestionably a fact; but it is also a fact that there is no longer any free iodine in such solutions. The chemical action which takes place will of course depend on the solution used for decolorising and is usually somewhat complicated. The solution may or may not answer the same as free iodine, such as we have in tincture, only we should not persist in calling it tincture of iodine.

The Vesicating Principle of Croton Oil is the subject of a paper by Mr. Harold Senier (Pharm. Jour. Trans., Dec.—Amer. Jour. Pharm., Jan.), in which he gives the results of investigations begun in 1878, and continued to the present time. Mr. Senier succeeded in 1878 in separating the purgative from the vesicating principle of croton oil by the addition of an excess of alcohol in certain proportions. A part of the oil was found to be soluble, and it was proved that this contained the vesicant, whilst the non-soluble product contained the purgative principle. Dr. John W. Meek, of London, experimented with the isolated alcohol non-soluble principle, and found that in half minim doses it acted as a powerful purgative, causing no griping except in a few cases. Mr. Senier made numerous experiments upon the alcohol-soluble, or vesicating constituent of the oil, to ascertain if possible the exact composition of the vesicant, and its relation to the fatty acids; so far he has only shown that it belongs to the fatty acids, and amongst those having the lowest melting point—he believes it is closely related to oleic, ricinoleic and linoleic acids. The effect of Mr. Senier's investigations is obvious, and no doubt the time is close at hand when croton oil, as such, will no longer be prescribed, but its active constituents, purgative and vesicant, will be a valuable addition to organic chemistry and materia medica.

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THE ANNUAL ELECTION OF THE ST. LOUIS MEDICAL SOCIETY passed off quietly. Experts had it that "it would be a cold day" when Dr. Hughes got left; but it was a cold day, –15°. The warm-weather persons had "engagements," and the good natured editor of the Alienist and Neurologist was three votes behind. He is a good fellow, anyhow, if he isn't President, and revenged himself the next night by reading a paper. Dr. Dudley, the President, is well known in the city, has many friends, and being a strict parliamentarian and a man of good sense deserves full support. From present appearances he will have it.

The newly elected Vice-President, Dr. Atwood, has done yeoman service in the cause of reform. He conducted the cause of this Society in the celebrated Fitzporter case, when that worthy was expelled, and his recent speeches on the code question were worthy of Demosthenes, Cicero or of Atwood.

Dr. Harry Hodgen, closely resembling his distinguished father in appearance and manner, was chosen Recording Secretary.

Dr. Hurt, Corresponding Secretary, and Dr. Fischel, Treasurer, were elected unanimously.

The proceedings will be published in the REVIEW each week.

A MODEL CERTIFICATE was copied by Dr. P. S. Conner (Lancet and Clinic) from the records of the pension office in Washington; it reads as follows: "The braud muscle which compresses, lowers and extends the linea alba, the muscle of expiration is entirely severed thereby affecting the scorbutus cordi, which goes straight up to the navel or umbilicus, and from thence down to the pubis which is evidently the primordial cause of the frequent abscesses of the scrotum. Also from the fact of increased attachment necessarily causes increased cicatrix which is constantly increasing, and hence the increase of all the detrimental symptoms."

The January number of the American Journal of Obstetrics contains an excellent steel engraving of the late Dr. J. Marion Sims.

COTTON-ROOT BARK as a substitute for ergot was discussed at a meeting of the German Gynecological Society (Amer. Jour. Obstetrics). Dr. Prochownick, of Hamburg, stated that the action of the drug when employed during the last stages of the expulsive period is inferior to that of ergot, but it produces no tetanic convulsions. When given during the lying-in, the effect was satisfactory. He was particularly pleased with it in gynecological cases, in hemorrhages continuing after the removal of remnants of abortions. In myomata, the metrorrhagias often diminished as early as after two months, but usually after three, and a reduction in the size of the tumor could also be demonstrated. Infusions of the fresh drug are best, though American fluid extract is reliable. The drug cannot, however, supplant ergot.

THE MEDICAL PROFESSION AND THE PLEA OF INSANITY.—After citing the time-worn legal cant of Judge Kay, that "the medical profession is only too ready to attribute acts which are out of the ordinary course, and especially acts of violence, to insanity," the Lancet says: "This is the impression which prevails among the judges generally. Recognizing the existence of this feeling, practitioners should undoubtedly exercise the greatest possible care in the expression of any opinion on the mental state of persons accused or convicted of crime. It would be a grievous hindrance to the cause of scientific truth and progress if ground were given for the strengthening of the injurious impression which prevails. Neither fear nor favor can be allowed to affect the judgment at which a medical man arrives after careful examination of his case; but the knowledge that his opinion is likely to be received with reluctance, or even an adverse bias, if it happened to be of a particular kind, should certainly be taken into consideration in forming a judgment, and ought to render him in a very special sense careful to eliminate all sources of error from the bases of his inference, and to see that it is so formed that it may be energetically and forcibly supported in the face of any question which may subse-

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quently arise." The opening clause of this piece of cant on the part of the Lancet is most decidedly untrue. There are clear-headed judges in Great Britain as in the United States who recognize the fact that there are as many insane criminals hung for crimes the result of disease, if not more, as there are sane criminals acquitted on the plea of insanity. The remaining remarks of the Lancet are about as well fitted to a medical journal as would be the statement that because justices of the peace believed that too many people were sent to the public hospitals who were not sick, that therefore physicians should refrain from expressing their opinions about illness.

THE ST. LOUIS TRAINING SCHOOL for nurses is now well under way, and meeting with hearty approval. The need of such an institution is great, and physicians especially will recognize its importance. The earnest advocacy of systematic training for nurses by Prof. Gross, and its endorsement by the American Medical Association, and by the Tri-State Society, as well as the fame of the St. Thomas School, London, and that in New York, have given strength and permanency to the work. The president of the St. Louis school, Mrs. Pulsifer, has full practical knowledge of what is required, and her name is an assurance of success. She is ably supported by many of our best citizens, and lectures have been provided for from a number of well known physicians.

The Executive Committee has made arrangements with the authorities of the St. Louis City Hospital for giving two years' training to women desirous of becoming professional nurses. Applicants for admission to the school should be between twenty-five and thirty years of age, of medium height and size, and possess a good common school education. They must present certificates of good character, sound health, and physical capacity for the duties of nurses, and make their application to Mrs. R. H. Kealhofer, No. 609 Garrison Avenue, St. Louis. After approval they will be received into the school for one month on probation, during which time they will be boarded and lodged, but will receive no other compensation unless accepted as pupils, when they must sign an agreement to remain in the school, and subject themselves to the rules of the school and of the hospital for a period of two years from the date of their entrance into the school.

Applicants may be received at any time during the year, when vacancies occur. Failure to discharge the duties imposed, violation of the rules or regulations of the school or hospital, evidence of moral or physical unfitness for their work, will be deemed sufficient cause of dismissal. A monthly allowance of ten dollars for the first year, and of twelve for the second, will be made to each pupil. This sum is allowed for dress, text-books, and other personal expenses, and is in no wise intended as wages, it being considered that the education given is a full equivalent for their services. Board and washing will be furnished without charge, and in illness all pupils will have gratuitous medical attention. The nurses are required, after the month of probation, to wear, when on duty, the dress prescribed by the school, of blue and white seersucker, simply made, white apron and cap, and linen collar and cuffs. The day nurses are on duty from 7 a. m. to 7 p. m., and, when practicable, are allowed some time each day for exercise in the open air. They are also given a day off duty once a month. A vacation of two weeks is allowed once in each year. It is not proposed to place nurses on night duty until they have been in the school three months. At the end of each term there will be an examination of the pupils, conducted under the supervision and in the presence of the Instruction Committee, and of the superintendent and surgeon in charge of the hospital, which, being creditably passed, shall entitle pupils of two years' standing to the diploma and the badge of the training school.

The instruction includes: 1. The dressing of blisters, burns, sores and wounds; preparation and application of fomentations, poultices, cups and leeches, and of minor dressing. 2. The administration of enemas, and the use of catheter, and the management of appliances

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for uterine troubles. 3. The management of helpless patients, making beds, changing clothing, giving baths in bed, prevention and treatment of bed sores, and the best method of friction to the body and extremities. 4. Bandaging, making bandages, and lining splints. 5. Care of patients' rooms, changing sheets while the patient is in bed, the best method of supplying fresh air, and of warming rooms and hospital wards. 6. Certain emergencies, and how to treat them. 7. The preparation and serving of food for the sick. The pupils will also be instructed to make accurate observations and reports, to the physician in charge, of the state of the secretions, expectorations, pulse, skin, appetite, temperature of the body, intelligence—as delirium or stupor, breathing—sleep, condition of wounds, eruption, formation of pus, effect of diet, of stimulants, and of medicine, and to learn the management of convalescents. When the full term of two years is ended, the nurses thus trained will be at liberty to choose their own field of labor, whether in hospitals or in private families.

We have no hesitation in calling the attention of physicians to this work, and will speak of it repeatedly.

Dr. Lentick and Prof. Reinhardt, of Odessa, have attempted to inoculate dogs and pigs with syphilis (Canadian Practitioner). Although every precaution was used in the experiments, none of the inoculations proved successful; one of the dogs, however, died of septicemia. From their observations they conclude that syphilis cannot be given to animals.

Medical Bills Introduced in Congress last week are as follows:

H. R. 2697, introduced by Mr. Randall, of Pennsylvania, to prepare and publish a National Pharmacopœia for the United States, which was read a first and second time, referred to the Committee on Ways and Means, and ordered to be printed.

H. R. 2785, introduced by Mr. Young, of Tennessee, to amend an act entitled "An Act to prevent the introduction of infectious and contagious diseases into the United States, and to establish a National Board of Health," which was read a first and second time, referred to the Committee on Public Health, and ordered to be printed.

S. 982, introduced by Senator Miller, of New York, for the maintenance and support of the Marine-Hospital Service. Read twice by title, referred to the Committee on Commerce, and ordered to be printed.

In addition to the above, a bill has been introduced in the senate providing for the establishment of a "University of Medicine." $1,000,000 is asked for as an endowment fund, and $100,000 for building purposes. There are to be eclectic, homœopathic and allopathic professors, but no provision is made for hydropaths, electropaths, physio-medico-paths, etc., which is very unjust to several large and intelligent classes of practitioners. The bill ought certainly to be passed, as the country is in need of more medical colleges: if there is anything the people of the United States are yearning for, it is just such a school as the bill describes.

The Ohio Sanitary Association will, at its first meeting in Columbus, February 14th and 15th, consider the formation of a State Board of Health. It is very desirable that some such movement should be made. Illinois is a bright example of what a state board can do, and Missouri is trying to get into good form. Other states are taking action in this matter, and soon most of our best physicians in our best states will be classified. Classification should lead to organization, and organization in our profession means progress.

Medical Journalism lost a good man when Dudley S. Reynolds resigned the editoral chair of the Herald. He has promised to continue to contribute to medical literature, however, and so "all is not lost." Reynolds' earnestness and straight-forward manner command attention, and it is not possible for him to hide his light "under a bushel."

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THE IMAGINATION AND NERVE-STRETCHING.—Dr. Westphal believes the so-called results of nerve-stretching in tabes dorsales are psychical, the patient undergoing a great operation, which he is assured must prove successful in his case, and from the sanguine view which ataxic patients take of their condition, they are only too ready to believe themselves better if required. In corroboration of this view, Dr. Kiernan (American Journal of Neurology and Psychiatry, February, 1883) cites the case of a man of twenty-one, well built and nourished, who had at the age of sixteen been attacked by typhus fever, during the delirium of which he was seized by an apoplectiform convulsion; on recovery from this his right hand became "somewhat shaky," especially when he tried to use it for any purpose. This "shakiness" had at first occurred only in "spells," but became permanent, and gradually extended, until it involved the whole arm, and finally the lower extremity on the same side, also the facial muscles. He was irritable and depressed, and complained much of cephalalgia, and was addicted to the use of paregoric. He was placed under barium chloride, hyoscyamus and conium, but without any apparent effect. Dr. Kiernan was obliged to be absent from the city, and for two months lost sight of the patient. He called on Dr. Kiernan upon his return, and was markedly improved; so markedly that Dr. Kiernan was at a loss to account for it. He had gone to an irregular practitioner, who had given him a certificate that he had stretched the "posterior cord of the brachial plexus." On examining the wound it was found that a very superficial incision had been made over and parallel with the centre of the clavicle. The man had been previously etherized. The tremor hitherto existing had disappeared; the patient was able to write, which he had not been able to do since his illness; he was able to walk without being started, as had been done when Dr. Kiernan last saw him. These effects remained for six months, at the end of which time the arm tremor returned, and, to a slight extent, the impaired gait also.

TYPHOID FEVER AND THE SOLAR PLEXUS.—Dr. Leven (Progres Medical, February 3d, 1883) says that the clinicians who speak of abdominal symptoms in typhoid fever have deceived themselves. As a rule such symptoms do not exist, and if they make their appearance they are due to irritation of the solar plexus by purgatives. The influence of such irritation is easily shown. It suffices to press on the median region of the stomach, and the nervous ganglia of the great sympathetic placed on a line with the navel about two inches around will give evidence of pain. Pain on palpation of the iliac fossa has also been erroneously spoken of. Most frequently it is only hyperæsthesia of the abdominal parieties, resulting from irritation of the right sympathetic ganglion. These phenomena furnish one of the numerous contra-indications of purgatives in typhoid fever.

THE ST. LOUIS COLLEGE OF PHYSICIANS and Surgeons is in the full enjoyment of an internecine war. It appears that the majority of the members of the faculty were dissatisfied with the management of the institution, and sent a petition to the board of trustees some time since asking that they be allowed a voice in the affairs of the college. The board, however, met the request in a manner offensive to the petitioners, whereupon they—eight in all—sent in their resignations, leaving only the dean and two professors remaining in the faculty. The students of the college passed resolutions pledging themselves to support the receding members, and to leave the college in a body if the faculty left. Up to the present time, however, the resignations of the faculty have not been accepted, and they still deliver their regular lectures, and will probably continue doing so until the end of the term. The aspect of the war, as it now appears, is felicitously described by a local paper, which says: "The college presents the curious spectacle of an institution, the large majority of the faculty of which has resigned and yet continue their lectures, and of a student force who have left in a body and yet attend the lectures."

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GLYCOSURIA.—Dr. O. C. Dewolfe (Journal of the American Medical Association, Dec. 8, 1883) concludes, First: Glycosuria, properly so-called, is met with in two forms; one due to cerebral anæmia—the "lean form;" the other due to cerebral hyperæmia—the "fat form." In both, digestive derangements act in a vicious circle on the cerebral condition. The indications, therefore, are to modify the cerebral circulation and to relieve the digestive derangements. The last can be accomplished by dietetic treatment, by proper hygiene, and by the use of remedies like the alkaline waters. The first is accomplished indirectly in the manner just described, and directly by the use of opium, codeine, morphine, quinine, salicylic acid, iodoform, carbolic acid, etc., in cerebral anæmia; in cerebral hyperæmia by the use of arsenic, the bromides, ergot, etc. Second: In cerebral anæmia it may be desirable to alternate the agents useful in that condition, and a combination of quinine, codeine, or quinine and morphine, or quinine and glonoin, can be used with advantage. Third: In judging of the effects of treatment, the fact that senility, pregnancy, hysteria, epilepsy and other nervous diseases cause prolonged intermittent types of glycosuria should not be forgotten. Fourth: In certain cases of glycosuria there is a normal equilibrium nearly established, for which reason dietetic or other treatment may per se prove curative. Fifth: A combination of the alkaline waters and the cerebral agents mentioned is likely to be of value in all cases, the cerebral agents being varied to suit the case. Sixth: That in all probability most if not all cases of coma in their early stage do not have a toxic element about them, and are therefore remediable by intestinal derivation. In all cases, cardiac stimulation is indicated, and at no stage is either intestinal derivation or cardiac stimulation contra-indicated. Seventh: That small doses of pilocarpine may be found of value in treating dryness of the mouth, and that mild antiseptic washes are useful in relieving uncomfortable sensations therein. Eighth: That it is probable that temporary glycosuria, resulting from pregnancy, etc., becomes permanent when the patient is exposed to too much mental or physical strain.

CRANIAL DISLOCATIONS IN MENINGITIS.—Dr. Parrot (Revue de Medecine) has observed in several cases of meningitis in children a disjunction of the bones of the cranial vault with exudation of a sanguinolent fluid between the borders of the bones so disunited. The children in whom this condition was observed have presented an enlargement of the volume of the brain, which was characterized by flattening of the convolutions and increase of weight due to the meningeal exudate. It is at this time that the cranial cavity becomes too small for its contents and the bones are disjointed. Two things are necessary to produce this condition: First, that the encephalo-meningeal lesions be of rapid development; Second, that the children be neither new-born, nor abolescent, but belong to a period of life when the bones of the skull are not united by either membranes or sutures between them.

A DEATH FROM YELLOW FEVER occurred in New York city Jan. 15th. The patient had spent eighteen days in Havanna, and then returned to New York, arriving on the 7th, symptoms of the fever appearing the following day. The New York Medical Journal, commenting on the case, very properly observes: "None of the facts in the case point to there having been any movement for the detention of either the man or the ship at the quarantine station, but the incident ought certainly to be taken as showing the utter folly of laxity in our quarantine system."

A NEW COUNTY MEDICAL ASSOCIATION has been organized in New York county. It consist largely of gentlemen who have withdrawn from the old city and county societies, in consequence of their recent action on the ethical question. Dr. Wm. Detmold is president, and Dr. E. A. Judson secretary; at the first meeting Dr. Austin Flint, Sr., read a paper, and Dr. Wm. H. Welch presented a pathological specimen.

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CONTRIBUTIONS.

A NEW METHOD OF AMPUTATING.

BY HENRY C. KERBER, M. D.

As is well known, amputation-wounds do not heal as often by first intention as do other wounds of the same degree and size and under the same conditions and dressing.

Neuber has recently published statistics showing the percentage in which primary union was obtained in the operations at the surgical clinic at Kiel, and covering a period of four years. These statistics show that certain wounds almost invariably heal under one dressing—among these may be classed the herniotomies, without gangrene of the gut (88 per cent per primam), and the removal of large tumors of the neck; less favorable were the resections of larger joints and the amputations of the mamma with removal of the axillary glands (75 per cent healed without suppuration); but of all the operations the amputations show the least favorable results, hardly one-half having united primarily. The treatment of the wounds being the same in all cases, these different results were certainly due to other causes than the dressing—to the anatomical condition of the wound.

To obtain primary union in wounds it is absolutely necessary that no spaces or cavities be formed, and that the parts tolerate a compressing dressing without danger of necrosis.

Amputation-wounds do not come up to these requirements, as the muscles retract in different degrees, according to the distance between the cut surface and the origin of the muscle, leaving spaces which are not closed up when the flaps are united, but afterwards fill with blood and the secretions of the wound; nor can pressure be applied to bring the parts into apposition, as it would surely cause necrosis of the flaps and often of the margin of the bone; besides this, especially in old, debilitated or anæmic patients, there is a great risk of getting necrosis of the edges of the flaps in all amputations except the circular-flap method.

To obviate and remedy these defects, i. e., to place the wound in a condition most favorable for attaining primary union, Neuber has devised and put into practice a new method of amputating, which consists in making shorter skin flaps, covering the margin of the bone with flaps of periosteum, sewing the muscles together, bringing up the retracted muscles to the level of the wound and keeping them there by means of sutures.

By this method the end of the bone is covered by three layers of tissue, united by three sets of sutures: first the periosteum is sewed together over the bone, over this the muscles and then the skin-flaps. This prevents the formation of cavities, it forms the soft parts into a cushion between the bone and the flaps, thereby preventing the necrosis of either; permits the use of a compressing dressing, which prevents the accumulation of secretions, and lastly the flaps being short are better nourished and necrosis of the margin need not be feared.

In the following I shall explain the mode of procedure in an amputation of the thigh:

1. After getting the transverse diameter of the thigh, three points (a, b, c) are marked on each side. a is the point at which the bone is to be divided; c is placed one-half the length of the diameter below a, and is the summit of the convexity of each of the side flaps; b is where the muscles are afterwards cut through, and is one-third the diameter below a.

2. These points being marked on both sides of the thigh, two lateral slightly convex skin-flaps are made, beginning on the anterior surface and ending posteriorly, the summit of the convex at c, the base of the flaps on the line of b. The skin and subcutaneous tissue is dissected back to b, and the flap turned back.

3. Circular cut through muscles and periosteum at b, close to the bases of the everted flaps.

4. The periosteum is scraped back from b to a. If necessary to facilitate this, an incision may be made through the muscles and periosteum on the posterior surface of the bone. If possible the incision should be made at some intermuscular septum.

5. These musculo-periosteal flaps are held back and protected while the femur is sawed through at a.

6. Ligation of all bleeding points. Disinfection of the wound.

7. The periosteum is drawn over the end of the bone and sewed together.

8. The muscles and fascia of either side are drawn together over the periosteum, retained there and united by five or six sutures; before this a decalcined bone drain is placed in the back of the wound, leading up to the bone.

9. Flaps united. Re-disinfection of the wound with the corrosive sublimate solution (1:1000). Permanent dressing. This method of uniting the muscles over the bone does very well for amputations of the thigh, arm

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and the upper half of the forearm and leg, but for amputations of the lower half of leg and forearm the surface of cut bones and tendons is so great it does not admit of this procedure. In this case, after sewing the periosteum flaps, you pull down the retracted muscles, fasten them there, and thus equalize the surface of the wound to prevent the formation of cavities.

All amputations in Esmarch's Clinic since April, 1883, eighteen in number, were made in the above manner. Of these eighteen amputations, fourteen were uncomplicated and four complicated cases.

I. UNCOMPLICATED CASES.

	No. of cases	Manner of healing. a.) Normal.	b.) With supp'n.	Average duration of treat't
Amput. of thigh	3	3 prim. union	.....	28 days
" leg upper ⅓	1	1 " "	.....	35 "
" " lower ⅓	5	5 " "	.....	28.5 "
" arm	1	1 " "	.....	18 "
" forearm l. ⅓	2	1 " "	1	22 "
Reamput. of leg	2	2 " "	.....	17 "
	14	13	1	

The duration of treatment was reckoned from the time of amputating until the wound had definitely healed.

Of these fourteen cases, thirteen healed primarily and under one dressing; in only one case was there suppuration, which protracted the healing for a few days. No necrosis in any of the cases.

II. COMPLICATED CASES.

	No. of cases	Result. (a.) Nearly healed, still under treat't.	(b.) Died.
Amputation of thigh	2	.....	2
" " leg, upper half	2	2	.....
	4	2	2

Of four patients two died. One patient, fifty-three years old, amputated for caries of the femur, died four hours after the operation; the other, sixty-four years old, operated for progressive senile gangrene, died of septicæmia four days after the operation.

The above results are extraordinarily favorable and speak better than words can of the eminent success of this method of amputating, which certainly merits trial by every surgeon.

FOUR THOUSAND PERSONS are said to have committed suicide last year in Paris, France.

REPORT OF A CASE OF EMPYÆMIA,

Treated by Aspiration and then Free Incision, without Antiseptics. Constitutional Treatment: Sulphide of Calcium; Recovery.

BY TINSLEY BROWN, M.D., HAMILTON, MO.

[Read before the Grand River Medical Society, at Hamilton, Mo., Dec. 4th, 1883.]

One year and a half ago, Dr. B. N. Stevens read before our Society a paper on empyæmia. He first gave a review of the opinions of European and American authors on the subject; he spoke of the precaution to be used in diagnosis, first by physical signs, and then by the use of the aspirator or hypodermic syringe. In the prognosis he attached a great deal to the previous history of the patient, hereditary, etc., and he stated that the disease was more fatal in the very old or young than in intermediate life. He recommended both local and constitutional treatment; in circumscribed effusions, antiseptic aspiration; but if extensive, involving the whole pleura, he preferred free drainage, either by the use of the tube or free incision, evacuating the fluid slowly at first; and antiseptics to be employed. He discarded carbolic acid as an antiseptic injection, as it might produce poisonous effects in very moderate quantities; he preferred tr. iodine.

He then gave the history of a case in which both aspiration and the drainage tube had been used; after the latter procedure the case did well for some time, but died at the end of a year from first attack, from emphysema of tissue, abscess and exhaustion.

He thought between the sixth and seventh ribs in the axillary line was the best place either to aspirate or make incision; the tissue being thinner than on the back, there would be less danger of emphysema and abscess, and the consequence of his case avoided. He closed with the recommendation that in all cases extreme antiseptic precaution should be taken in the treatment, and when a partial recovery had taken place, a change of air and scenery would assist materially in bringing about a cure.

After the reading of Dr. Stevens' paper, I spoke of a case which I then had under my care, a negro girl aged 13 years, who was attacked with acute pleurisy of the left side, in the preceding January, and that I had aspirated in March, getting 30 oz. of pus, and again in April, getting 28 oz. In May a small opening occurred in the site of aspiration, which was between the sixth and seventh ribs in the axillary line. The patient was then in a bad condition. In June, only a few days

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after this report, she grew much worse, as the opening did not prove sufficient to allow drainage. The heart was displaced to the right side, as before each aspiration, which had corrected the position at both operations. The pulse was feeble and intermittent, and there was extensive œdema of the whole body as before each aspiration. I saw that something must be done or my patient would soon die. She was surrounded by all the circumstances which made antiseptic treatment impossible. She could get neither extra food nor care. Her parents were full of superstition, and if anything went wrong the blame was put upon the medicine or perhaps the food. For instance, the mother imagined that a milk diet caused a greater amount of pus to accumulate. This being the case I concluded to either introduce a tube or make free incision, and not to try to carry out any antiseptic treatment, as it could not be done. During the latter part of June, assisted by my friend Dr. W. T. Lindley, we administered an anæsthetic and made an incision into the site of the aspiration, and introduced a common male catheter and drew off a large amount of offensive pus. I decided not to use a permanent drainage tube, so I enlarged the incision to about one inch in length, and put in a tent which had been saturated with a ten per cent. solution of carbolized oil. I found on my visit the next day that the tent had come out and she would not let me replace it. She was in a precarious condition for some time after the operation, and I think an opening became established through the lung by perforating a bronchial tube. She at one time had her friends called in to pray for her, bade them farewell, folded her hands on her breast, and said she was dying. I had her to take as good food as her people could get for her; she drank both sweet and butter milk, but preferred the latter. I commenced giving her the sulphide of calcium in one-fourth grain doses three or four times a day. The discharge continued for about six months, but gradually grew less. She came to the conclusion that the sulphide of calcium was helping her, and would always come back for a renewal when all was gone. Her appetite grew better, and she soon gained strength and increase in weight. In January she was to see me for the last time and said she was well, and was going to quit taking medicine. The discharge had entirely ceased. She can now work as well as most girls of her age, and is apparently in good health. The heart is nearly in its normal position. The left lung is of great use to her, as air can be heard to enter into almost every portion of it, but I think it is not fully expanded, but is bound down by pleural adhesions.

Here then is a case we may say fully recovered under the most unfavorable circumstances. Poor food, and no antiseptic precautions. She got but little care on the part of her friends. If she got any encouragement it was but little, but was often told by her mother that she was too mean to die, or that she was not as sick as she pretended to be.

After the reading of the paper the patient was presented to the society, and was closely examined by many of the physicians present.

The spine showed slight lateral curvature. The left lung had nearly gained its proper size. General appearance good—this being nearly two years from first attack, and six months after the writing of this report.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

Regular Meeting, Saturday, Jan. 12, 1884.

Dr. F. J. Lutz: Mr. President, this is a specimen illustrating the condition found in a case in which perineal section was performed for rupture of the urethra. A year ago the Linton Medical Society of this State invited me to read a paper before it. In response I prepared a short essay regarding the "Treatment of Rupture of the Urethra." In the course of that paper I narrated a case which was then under my care. The patient has since died, and I was fortunate enough to obtain a post-mortem and secure the specimen. If the society will indulge me, I will read from the Western Medical Reporter, a journal published in Chicago, in which the paper read was published. About a year has now elapsed since the operation was performed.

"A. K., aged 56, had an altercation with a fellow stableman about the 3d of October, 1882, in the course of which he received several kicks in the perineal region. He suffered very great pain in the scrotum and perineum, accompanied by a frequent desire to micturate. He succeeded in passing some urine, after he had first forced considerable coagulated blood from the urethra, but he never felt as if he had completely emptied his bladder. On the morning of the 2d of November he was admitted into the Alexian Brothers Hospital, and on my morning visit I found above the pubis a large tumor, evdently the bladder. He has a double inguinal hernia of consider-

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able size: the scrotum, which, on account of the hernia, is very large, and the penis are black with extravasated blood; the perineum is bulging and tender to the touch; the sphincter ani is relaxed and allows the fæces to escape involuntarily. In my presence he attempted to urinate, and after much straining succeeded in passing an ounce of urine. He complains of much pain and of a frequent desire to micturate; says he has no control over his bowels; has not slept for 48 hours, and is very thirsty; pulse is 110; temperature 101 and 4-10; tongue coated and dry.

"Taking into consideration the history of the case and the symptoms, the diagnosis was easily made. I attempted to introduce a No. 11 (English scale) catheter, and failed, and, therefore, advised the preformance of perineal section, to which he consented.

"After being chloroformed and placed on the table in the lithotomy position, the perineal and inter-natal space was thoroughly cleansed, a grooved staff introduced into the urethra, and an incision made in the urethra, beginning about two inches in front of the anus and extending to the internal margin. The walls of this wound were more than half an inch in thickness, opening into a cavity filled with coagulated blood. A silk thread was passed through the walls of the incision on each side, and with a stream of carbolized water and a pair of forceps I soon removed the coagulated blood. When the cavity was cleansed I experienced some difficulty in finding the vesicular end of the urethra on account of the mangled condition of the parts, but was materially assisted in this by a little manipulation of which I find no mention in the text-books. It was first suggested by - - in 1880, and subsequently mentioned by operators in these cases, viz: the bladder being pretty well filled, firm pressure is made upon the bladder above the pubis. This will cause the exit of a small stream of urine, which, disclosing the entrance, is easily followed by a straight catheter; but ordinarily the vesicular end is not readily recognized. It appears as a movable stump, looking somewhat like a firm coagulum of blood. When the catheter entered the bladder in this case about a quart of urine was drawn off and the instrument fixed in the bladder."

Subsequently this case ran the usual course. The perineal wound soon closed and the patient began to pass his urine through the normal channel. The subsequent treatment consisted in the occasional introduction of a steel sound for at least a year. This proceeding ought to be persisted in. This patient was one of those restless persons who imagine that, so long as they suffer no immediate pain, there is no occasion for continued medication of any kind; he therefore desisted and did not use the catheter. He really left the hospital long before I advised him to do it, and resumed his occupation as a stableman. I saw him however repeatedly afterward. He occasionally came to my office, but had usually failed to introduce the sound. One evening in the forepart of this week he was transferred to the hospital, and died there the next morning before any physician had seen him. This latter fact rendered it a coroner's case, and through the kindness of Dr. Nidelet, the coroner, I was enabled to get this specimen. The cause of the man's death was independent of his former disease, he having died of some lung trouble. I was glad to secure the specimen, because I have never before had the opportunity of securing a post-mortem in a case of perineal section, although I have performed the operation a dozen times for rupture of the urethra. Now in this case, as in most cases of the kind, the rupture occurred in the membranous portion. It is quite natural that the rupture should occur there; because the accidents which cause the rupture of the urethra are ordinarily such as to press that portion of the urethra, which is fixed, under the pubic arch against the sharp edge of the pubic bone. These cases usually occur by persons falling astride of some hard body like a joist; or in riding the perineum strikes the knob of a saddle, or some such way. These are the ordinary causes; a kick or blow on the perineum, the portion most fixed. In this case the post-mortem specimen shows the urethra and bladder; the bladder is considerably smaller than normal, and its walls are thickened, hypertrophied. The original injury was immediately in front of the prostatic portion of the urethra, in the membranous portion. The incision into the canal of the urethra was made in the inferior portion of the urethra. It seems that an ulceration has occurred lately, or perhaps has existed continuously, because the superior wall of the urethra is ulcerated through and the mucous membrane is entirely destroyed, so that evidently the ulceration has existed for a long time. I made an incision about two inches and a half long. It is absosolutely necessary in case of rupture of the urethra to perform section. The objects sought to be accomplished are: first, to allow the free escape of the urine; second, to prevent urinary infiltration and septicæmia; and thirdly, to assist in the re-establishment of the

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canal by having the divided ends reunited by catgut ligature, or else by keeping in the canal a catheter which materially assists in accomplishing the same object. I pursue the latter course. If ulceration had ceased and cicatrization had occurred, there would undoubtedly have been a stricture, because the tendency of the cicatrix would have been to contract.

DR. DEAN: I have at present a case of rupture of the urethra, for which I intended to operate. I could not find the vesicular portion—could not pass the instrument. The scrotum was greatly infiltrated, and the man suffered intensely. It was quite late when he came to the hospital, and I expected to operate the next day; but after patient efforts I ultimately succeeded in passing the rupture and passing a soft catheter into the bladder. The infiltration has now gone down. I am astonished that the device of which the doctor speaks is not in the books. It must occur to anybody; it is only using fluid, and is the same method as using a bent sound—curved metal sound twice the length of the canula or trocar, and passing around on the vesicular side—through the vesicular portion of the urethra and opening it upon that. Enter the bladder above the pubes, then enter the urethra with the sound—that is if we cannot find the opening of the urethra, the distal end of the portion connecting with the bladder; pass the sound through the canula into the urethra forward and then open it, of course downward. Where we cannot find the entrance to the urethra, we cut into the bladder from the rupture site, as, by passing the canula through the bladder into the urethra, we can.

DR LUTZ: One of the dangers in cases of rupture of the urethra is urinary infiltration, and subsequently septic infection; these are dependent upon the length of time that elapses between the reception of the injury and the successful withdrawal of the urine; so that if, instead of performing this operation eighteen hours after the injury was inflicted, the patient had succeeded apparently in voiding his water for two or three days, we would expect a greater amount of urinary infiltration than was present on the morning following the injury. It may appear as if perineal section was unnecessary interference. Such is my mode of procedure in these cases. I think I have a record of ten cases of rupture of the urethra upon which I have operated. In one case the urethra was ruptured by a bank of clay falling upon a workman, and a physician was called to see him, as we ordinarily are in these cases, for the purpose of voiding the urine; the man's bladder felt uncomfortably full, and he could'nt empty it. The physician succeeded, the first time he attempted it, in introducing a catheter and emptying the man's bladder, but after that nobody could do so; half a dozen physicians tried, but no one ever succeeded in introducing the catheter. In a case of that kind, perhaps, if the catheter had been allowed to remain—I am saying nothing at all of the accidents that might occur to the bladder and the amount of irritation that might be set up—but speaking of the wound only, if the catheter had been allowed to remain for two, three or four days possibly, after that, it would have been an easy matter to introduce a catheter; but having once been withdrawn, the tumefaction, which is necessarily set up at the site of injury, on account of the injury, necessarily makes it more difficult afterwards to introduce the instrument; then, by performing perineal section, we do away with the ordinary risk in these cases, which is urinary infiltration, and you also prevent septic infection. Even though you perform the operation late and urinary infiltration has already occurred, you have the best possible chance for its removal; besides, there could be nothing in the world more favorable towards the re-establishment of the broken channel—re-establishing the canal of the urethra than perineal section, because really we have an open wound, and it is in our hands to properly re-establish the natural channel. I have in a number of cases performed perineal section where the urethra was only partially ruptured, and where the instrument invariably caught in the ruptured portion, in which there was considerable urinary infiltration, from the very nature of the injury. The rupture usually occurs in that portion of the urethra which is fixed, in that portion which is posterior or inferior—in the lower portion of the urethra. Now in introducing the catheter it is necessary to hug the pubic portion of the urethra very closely, because if the catheter is pressed posteriorly and downwardly it is almost sure to catch in the rupture, especially since the rupture usually occurs in a transverse direction. In all these cases of rupture of the urethra, where perineal section is not performed, stricture of the worst kind results; and they are the most bothersome kind of strictures to treat, because the laceration of the urethra is ordinarily considerable. I have in two or three cases performed perineal section for stricture, in which the stricture was due to

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rupture of the urethra; in one case I dare say it was fully an inch long, and so narrow that only a filiform bougie could be passed through it. The boy had sustained his injury by falling astride a fence rail in the country, and the physician who attended him, for reasons I suppose satisfactory to himself, had ordered injections of nitrate of soda in the urethra. I think the kind of medication employed had something to do with rendering the stricture much worse than it would otherwise have been. In that case I excised the entire strictured portion of the urethra, and was fortunate enough subsequently to obtain a very nice canal; although the boy even now continues, at long intervals, to pass the steel sound, he has had no serious difficulty from the operation or from stricture.

Dr. Hughes then read a paper on Megrim, which appeared in our last issue.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Case of Phthisis with Empyema, presented by Dr. H. M. Fisher.

The patient, J. C., age 21, was admitted to the Episcopal Hospital March 17, 1883. The following notes of the case were taken by Dr. George M. Boyd, the resident physician: Patient states that he has had a slight cough for one year, but was not much annoyed with it until about one month ago, when he was seized with severe pains in the left chest, accompanied by chilly sensations and difficulty of breathing. Upon admission he presents all the symptoms of left pleural effusion, absent vocal fremitus, tubular breathing and bronchophony in the neighborhood of the spinal column on the left side. His chest was tapped on the morning of March 21st, and three pints of a semi-purulent fluid were evacuated. The operation was followed by great improvement in the patient's symptoms. Three weeks later he left the hospital contrary to advice. He was re-adminted April 20th, and stated that, soon after leaving the hospital, the pains in the side returned, followed by dyspnœa. April 23d, paracentesis thoracis was performed by Dr. Henry, and 56 ounces of purulent fluid were drawn off, and the operation again afforded great relief. A violent fit of coughing followed the withdrawal of the canula. The heart's apex beat was found, before the operation, to be immediately below the right nipple; after the operation it was found to have shifted one inch to the left of the previous position. May 5th, Dr. Forbes operated at Dr. Henry's request, making two openings into the left pleural cavity, one at the fifth interspace, the other at the fourth and to the right of the first. Ten ounces of purulent fluid were withdrawn by means of the aspirator, and a soft rubber catheter was passed in at one of the openings and out at the other. The pleural sac was then ordered to be washed out daily with a solution of corrosive sublimate, gr. i—℥ i.

During the summer the patient's general condition seemed for a time to improve; his appetite however continued obstinately bad, and he had constipation alternating with diarrhœa. In October it was noted that he was losing flesh and strength rapidly, and that there was much œdema of the feet and legs. During this month diarrhœa became a constant symptom, and death occurred Nov. 22d. Post mortem examination 10 hours after death: The body is extremely emaciated. The left lung is contracted to about one-fourth of its normal size, and contains in its upper lobe some cheesy masses with areas of catarrhal pneumonic infiltration. The left pleural cavity contains about five ounces of ichorous pus. The parietal layer of the left pleura is so tightly adherent to the chest wall that it is impossible to detach it without dissection. The pulmonary layer is also tightly adherent to the contracted left lung, the lobes of which are firmly matted together by adhesion. The right lung also presents numerous cheesy foci with large areas of catarrhal pneumonic infiltration. The heart is rather small, and its tissue is pale, but its valves appear normal. The liver weighs 6 lbs. 6½ oz., its tissue is pale and it has a markedly waxy appearance. The spleen is much enlarged, its tissue firm and of a dusky red hue. Numerous yellowish-white nodules are also seen in it, the largest of which is perhaps of the size of a small pin's head. The kidneys are rather large, their capsule is non-adherent and the tissue rather paler than normal. Numerous minute whitish nodules are also found to be scattered through the tissue of both kidneys. These appear rather more numerous and larger in the cortical portions, but are also found in the medullary portions. From some of the larger nodules a whitish puriform substance can be squeezed out with the blade of the knife. With the naked eye the exact nature of the above mentioned infiltrations of the spleen and kidneys is difficult to determine. Nothing abnormal was noticed in the intestinal tract, except in the ileum, where an area of intense congestion was noticed about one yard from the ileo-cæcal valve, but no ulceration was anywhere detected.

My view of the sequence of pathological

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events in this case is the following: First, catarrhal pneumonia with the production of cheesy foci; secondly, scrofulous inflammation of the pleura with attendant exudation, which from the start was probably more or less purulent; thirdly, the infiltrations of the live spleen, and possibly also the kidneys, with amylosis matter.

The exact nature of the yellowish-white nodules in the spleen and kidneys being yet undetermined, I can not yet assign to them a positive place in the chain of scrofulous processes, but from the absence of any macroscopic evidence of embolic infarctions, or of any appearance of infarction in the one microscopic section of the kidney I had the opportunity of examining (kindly made for me by Dr. Henry), I should conclude that these were also cheesy foci, and their production may perhaps have nearly coincided in point of time with the production of the cheesy foci in the lungs above alluded to.

Dr. Shakespeare said the specimen was a good instance of miliary tuberculosis. The small collection in the spleen might be tuberculous he thought, and should have been examined for tubercle bacilli. He adverted to the successful employment of very weak solutions of corrosive sublimate in washing out suppurating serous cavities.

ATHEROMA, DILATATION AND ANEURISM OF THE AORTA; atheroma of some of its branches; death from rupture of the aneurism into the left pleural cavity; congenital deformity of the stomach; malposition of the transverse colon and right kidney; irregular shape of the kidney; anomalous origin of the renal arteries and of the ureters. By J. H. Musser, M.D.

This remarkable series of specimens illustrates how serious a disease can be in progress within the body without any manifestations. The patient had been under the care of Dr. Ludlow in the Presbyterian hospital, complaining of and being treated for nasal catarrh. He complained also of a slight bronchitis, but not being very decided, the nasal trouble alone was treated. A white man, æt. 63, well nourished, of temperate habits, and by occupation a wheel-wright. He was under observation ten weeks. No previous illness. He slept well the night before his death until 5 A. M. He then told the night nurse he was very cold. Being covered, he went to sleep apparently; an hour afterwards he was found dead. The writer made the autopsy about twelve hours after death.

Inspection: Rigor mortis well marked; body well nourished; no scars or bruises; no ecchymosis; abdomen moderately distended; in the right lower quarter a decided swelling was noticed, almost filling that area and resonant on percussion.

Section: Abdominal cavity first examined. The above described swelling was due to the cœcum and transverse colon. The ascending colon extended about half way the usual distance and then turned at a sharp acute angle into the transverse colon. The latter descended parallel to the former into the right iliac fossa, and from thence diagonally upwards across the abdomen to the usual place of junction with the descending colon. The omentum contained a considerable amount of fat. The right lobe of the liver could not be seen until removal of the ribs, when it was found two inches above their margin and to be only two and one half inches in length in the nipple line. In the median line this same perpendicular length was three and one half inches. More of the left lobe was visible than the right. Along the edge of the left lobe, from the median line, four and one half inches in length, extended the stomach. It appeared to be small in size. When removed it was found to be divided by a constriction five inches from the fundus; from this constriction to the pylorus the length was four and one half inches. The first or cardiac end was much smaller than normal, the walls and mucous membrane healthy. The second portion was a mere tube with thick walls. The thickening was due to the hypertrophy of the longitudinal muscular layers, and to the folds that the mucous membrane was thrown into. These folds were very marked, longitudinal, and on their crests congested. The peritoneum was opaque and thickened. The liver was smaller than usual also. The capsule was thickened and opaque along the edge of the right lobe; on innermost surface there were cicatrices, and a firm adhesion at one point to the diaphragm. On section the tissue was firm on pressure and congested. Commencing cirrhosis noted on microscopical examination. The gall-bladder projected one inch below the liver margin in the nipple line.

The left kidney was found in its normal position. It was much enlarged, five inches long, two thick. The pelvis was filled with fat; the substance pale, hard on pressure, with a contracted cortical portion. The capsule tore off easily. The right kidney was found in the pelvis at the right sacro-iliac articulation. It was small in size, irregular in shape. Parallel to the sacrum, the portion dipping downwards tapered to a point, being

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one half inch in width; the upper portion was two inches wide. The pelvis of the kidney was filled with fat. Towards the small end of the kidney the hilus divided, one part extending upwards one inch along one side of the organ, the other the same length on the other side; or it might be said a portion of this kidney dipped into the pelvis, separating it for an inch. The renal artery arose from the normal origin of its middle sacral. One inch from the point of origin it divided; one branch, two and one half inches long, entered one lateral hilus, if it may be so termed, the other divided two and one half inches from the main trunk, one subdivision entering the remaining lateral hilus, the other running across the floor of the pelvis to the normal end of the kidney. The ureter arose by three branches—two from the upper end, one from one of the smaller pelvis.

Thoracic cavity: Left pleural cavity almost filled with blood, the lung floating on the fluid. The lateral surface was adherent to the aneurism. In its removal the collapsed sac was seen on the left side of the vertebral column. The heart and aorta were removed entire. Heart: Enlarged, left side especially, weight 11½ oz.; measurement of left ventricle, near base, 1⅛ inch thick, in the middle ⅞ inch thick, at the apex ½ inch thick; mitral valves a little thickened, aorta healthy, atheromatous processes were present in the aorta from its beginning to the cœliac axis and extended into the latter vessel, and also the innominate and carotid arteries. These processes included the sclerotic changes, shown by innumerable small, smooth, firm elevations of the surface, the degenerative changes, fatty and calcareous, and also the atheromatous. One calcareous plate was found in the cœliac axis. From its origin to the middle of the transverse aorta, the vessel was dilated.

Opposite the trachea the caliber of the aorta diminished to almost normal size, and here the sclerotic changes were most marked, as well as around the mouth of the vessels. At the junction of the transverse and descending aorta the lumen was again closed; here the aneurism originated. It was five and a half inches long, and when distended twelve inches in circumference. It was of the true variety, but from it sprang four false aneurisms, varying in size from a filbert to a small egg. Organized clots covered the surface of portions of the wall, and on dissection it was found these clots were either in the false aneurism or clinging to the atheromatous ulcers. Rupture of the sac took place behind the pleural adhesions and leaked into the cavity, finding its way through the adhesions. The vertebræ were not eroded, and although the sac was in contact with the left bronchus, there were no evidences of decided pressure upon it, while the relations to nerves, other vessels and the æsophagus were such that the usual pressure symptoms could not arise. It is thus seen that by physicial examination alone could this aneurism have been detected. There were absolutely no subjective symptoms, and the autopsy reveals the reason of this.

SELECTIONS.

THE ÆTIOLOGY AND PATHOLOGY OF SPORADIC PUERPERAL SEPTICÆMIA.

BY WILLIAM STRANGE, M.D.,
Senior Physician to the Worcester Infirmary.

[British Medical Journal.]

In the year 1878 I published in the columns of the Lancet two papers on the subject of puerperal septicæmia. The principal point, amongst others, aimed at in those papers, was to establish the entire independence of true puerperal fever of the contagion of the specific zymotic disease, such as scarlet fever, measles, small-pox, etc.; believing, as I then did, and do now, that the specific zymotic diseases, such as those above named, always breed true; and that, therefore, although the virus of any of those diseases may be introduced to a parturient woman, the disease which results will not be true puerperal septicæmia, but modified scarlet fever, measles, or small-pox, as the case may be.

This is a point in the etiology of puerperal septicæmia which is, however, still much mooted, and, by many, considered to be still sub judice; and, as such, it will fall to be considered in its proper place.

Since the publication of my former papers it has fallen to my lot to be called upon to attend, and to attend regularly, in consultation, many fresh cases of this dire disorder, than which no disease to which flesh is heir spreads greater dismay among our patients and their friends, causes more anguish to the medical attendant, or extinguishes more hopes.

I do not propose to say anything in regard of that horrible form of contagious or endemic puerperal fever which, more often formerly than at the present day, decimated the parturient women gathered together in our lying-in hospitals. Also I discard from present consideration those cases which are primarily due to an inflammatory process, set up, after parturition, in the peritoneum, or in the

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uterus, or in some of its appendages. The causes of these are well known, and their course is pretty definite, and they have little or no true pathological analogy with such cases as those with which we are now concerned.

By sporadic puerperal septicæmia I mean a form of disease, cases of which every now and then arise to perplex and astound the medical attendant, as frequently amongst the healthy and well-to-do as amongst the poorer and more sickly classes of the community, as well in the palace as in the cottage, in the country mansion as in the squalid court or alley. Neither can air nor drainage be subjected to suspicion in many cases, nor can fatness or poverty, or anxiety of mind. Our text-books inform us that puerperal fever often seizes upon those unfortunate women who, at the time of childbirth, are under a cloud, whether from poverty, sickness, or mental anxiety. Yet the healthiest, happiest homes are not proof against the invasion of this horrible destroyer, as most of my own cases would show.

It is these facts which invest the etiology of this disease with a special difficulty; and, as we find in many other cases, it will be necessary to acquire a correct idea of its pathology, to be used, pari passu, in elucidating its genesis or etiology.

Again, the course and duration of such cases as I have seen, disagree with the text-books in several important particulars. In the text-books we learn that more or less of the inflammatory element is generally mixed up with the septicæmic process, whereas, in my experience, it is generally absent. The duration of the disease, when fatal, is said to be from a week to ten days, or even less; whilst I have generally found it running on to three, four, or seven weeks, and, in one case, to ten weeks, the fever continuing unsubdued all the time.

As might be expected, we get little aid from the morbid anatomy, or dead pathology, of puerperal septicæmia. Let us see if the living pathology will prove more helpful to us in elucidating its etiology. From the thirty or forty cases of sporadic puerperal septicæmia which of late years have fallen under my notice, I may summarise the following average of symptoms: From the second to the fifth day, or, very occasionally, later, after delivery, fever arises, and the temperature continues abnormally high throughout the whole course of the disease; for when it has become normal and remains so for a few days, the disease, as far as the sepsis is concerned, is at an end. The temperature ranges from 100° to 103°, or 104°, slightly higher in the evening than in morning, but not regularly so. When death is impending, the temperature may run up to 106° or 107°. The pulse keeps pace with the temperature, generally exceeding 100 and going up to 120, and, when a fatal issue is impending, to 130, 140, or even to 150. There are morning remissions in the pulse as in the temperature. The next thing that happens is the suppression of milk and lochia. This may be sudden and complete, as in the more severe cases, or it may take place gradually in four or five days. This suppression of the discharges does not bear so heavily on the prognosis as do the state of the pulse and of the temperature. In some cases, and in some cases only, there is more or less of diarrhœa, sometimes in the earlier days of the illness, sometimes in the later. It is always of unfavorable augury.

The urine is generally high colored and scanty at first, but soon becomes plentiful; and, except for a little albumen in some cases, fairly healthy. The appetite may be disturbed, with or without vomiting, for a few days at the beginning, but soon the power of digestion returns, and then, during the whole term of the illness, the patient is able to take an abundance of liquid and sometimes of solid nourishment. The sleep is generally somewhat disturbed, but delirium is not frequent or violent.

Palpation of the abdomen scarcely gives pain unless the uterus be hardly pressed, and there is in most cases but little tympanites, at least during the early part of the illness. This symptom is much more marked in purely inflammatory cases. When death threatens, it nearly always becomes considerable. In a large proportion of cases there are remissions of all the symptoms about every six or seven days, when the temperature may fall nearly or quite to the normal; and if the pulse correspond, this remission may give rise to a hope, too often delusive, that the case is about to terminate favorably. As the disease proceeds towards its usual fatal termination, the temperature and pulse rise again, the respiration becomes hurried by the slightest exertion, the second sound of the heart being preternaturally sharp and dicrotous. The tongue, which has been preternaturally red throughout, owing to the loss of its epithelium, becomes dry, baked and brown.

Now it is, that is, about the end of the second or third week, that in some cases, not in all, red spots and streaks make their appear-

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ance upon the wrist, elbow, or ankle-joints, or along the course of the long bones, especially of the lower extremities. Sometimes superficial abscesses form, and suppurate; or deeper effusion into the same joints may occur. Along with this pyæmic condition, the skin, previously very pale, assumes a dusky tint, and the prostration becomes extreme. The lungs and other parenchymatous viscera may now become the seat of pyæmic deposits, or of emboli, and a low form of pneumonia or of jaundice may quickly carry off the patient. In some cases there is also effusion into the cellular tissue of the fleshy portions of the arms, thighs, or buttocks.

Death takes place at a period varying from ten days to three or four weeks. In one remarkable case the patient succumbed only after seventy days, ten weeks, of uninterrupted septic fever. The death, in my cases, has been owing to one of three causes, viz., asthenia, or exhaustion; secondly, pyæmic deposits in some of the vital organs; thirdly, thrombosis of the heart and pulmonary artery.

This is the living pathology, or clinical history, which, with slight variations in each case, I have now observed in from thirty to forty cases of puerperal septicæmia. What other morbid process does it resemble? Surgical pyæmia, septic lymphatic poisoning, typhoic inflammation, or any of the specific zymotic diseases? I think it resembles none of them. In the pyæmia of our surgical wards, the tendency to form pus is more marked, and ensues at an earlier period. The abscesses are larger and the course of the disease is shorter. "Pyæmia," Dr. Burdon Sanderson says, "is a malignant process which goes on to its fatal end, and has always a connection with some local morbid process." Septic lymphatic poisoning runs a course more nearly resembling that of surgical pyæmia than that of puerperal septicæmia. Then, of inflammation, whether of an active or typhoid type, there is often no trace at all. Of the poison of the specific diseases I shall speak presently when I come to the question of infection.

Now, in the second place, as to the sources of infection, and the kind of germ or other pathogenic matter causing it.

I have lately seen it stated that the most useful classification of cases of this disease is into the autogenetic and the heterogenetic, the self-infective and the imported case. But I fail to see that this division can be of any use to us, unless it be to remind us that cases may owe their beginning to either of these sources. For the question is, Do these cases, in which the patient is supposed to have infected herself, the autogenetic, differ essentially from those in which the poison has been brought to her from without, the heterogenetic? If not, this classification does not help us at all. If the poison which is brought to the patient produces exactly the same train of morbid processes as that which, we think, arises in the woman's own system, there can scarcely be any specific difference in the materies morbi in the two cases. And, to my mind, there is no question that this is so. Indeed, a doubt has often arisen in my mind, when called to one of these sad cases, whether we are not too ready to conclude that the poison is autogenetic, i. e., generated in the patient's own person, in order to cover some uncomfortable feeling of neglect on the part of some person, or as a cloak to our own ignorance. Strict inquiry will too often reveal the fact that the accoucheur has been lately making a post mortem examination, or has just come from the surgical wards of a hospital, without changing his clothes; or that the nurse or the medical man has just been attending a bad midwifery case; so that the suspicion necessarily arises whether a poison has not in some way been introduced from without, although we cannot quite make out in what way. If autogenesis were so easy, how is it that puerperal septicæmia is happily so rare a disease, where all the circumstances favoring such a method of infection abound in the patient's own person? It is so rare a disease that many busy accoucheurs go through life without meeting with a single case of it.

It is clearly impossible to go into the germ-theory of disease here. We cannot even discuss the question as to the various actions of the different kinds of germs, whether they be bacteria, micrococci, coccobacteria, or other kind of hoc genus omne. Those who have studied the conclusions to which Robert Koch has come from his own experiments, and from those of others lately published by the New Sydenham Society, must be satisfied that much remains for future experiment, and experiment of the most cautious and careful kind, before we shall be able to apportion to each form of bacillus, or micrococcus, its specific range of pathogenesis.

That the same germ-forms are generally found in the same diseased processes seems established; but, at the same time, these forms are not unmixed with other forms which, in different circumstances, produce distinctly other effects.

One thing seems to be clearly established,

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viz., that these organisms, in one or more of their forms, abound in the mucous lining of the passages in puerperal women affected with septicæmia, and that they are soluble in it; or, at least, by means of the fluids existing there, operate with facility. And we may safely conclude that in most cases, either in the hands or in the clothes of the accoucheur, or of the nurse, also by open windows in foul neighborhoods, by the coming in and out of various individuals, not always of the cleanest, various, nay, every kind of septic germ, be they specific or non-specific, may get an introduction to the persons of lying-in women. And if we adopt the commonly received theory that these germs are harmless until they meet with a suitable nidus for their development, are planted, in fact, in a soil in which they can grow and increase, such as the abraded surfaces of the genital passages, we may readily account for the symptoms of puerperal septicæmia; although we shall be as far off as ever from a solution of the questions as to what kind of germs they are which give origin to the disease, and what is the kind of soil they require; that is, what is the exact morbid condition of the fluids of the woman's organs, upon which, when sown, these germs are found to thrive so well. Here, I think, you will agree with me, is work for the cultivator of germs.

Dr. Burdon Sanderson says that the poison of puerperal septicæmia, unlike that of pyæmia, does not multiply itself in the system. If this be so, how is it that a person may convey the disease from one lying-in woman to another without having introduced his hand into the passages of either? Surely, the materia morbi, like that of scarlet fever, measles, etc., can be conveyed in clothing! If so, it must multiply in the woman's system, and be given off from her person, by her breath, her skin, or discharges. And here it is that an ounce of experience is worth a pound of theory or conjecture. I have seen a case where it was not possible to lay hold of any cause of the disease, except that the medical attendants had a few days before been attending a case of scarlet fever. Yet this patient never had a sign of scarlet fever, but died, after a month, of pure pyæmic septicæmia. In another case, which was thought to be owing to the state of the drains, the attendant had taken part in a nasty post mortem examination a few hours before being called to the confinement. In a third, no external source could be made out, and the case was decided to be autogenetic; but the medical attendant carried the infection from this case to another woman, who immediately took on the same disease, attended by the very same symptoms. In a fourth case, there was no parturition at all, but two surgeons introduced their hands into the unimpregnated uterus to remove a small growth, and the patient died within a week of acute septicæmia, in no way differing from such cases in lying-in women.

Now, as to the case of the specific zymotic diseases. We are told in the text-books that the poison of these, conveyed to a loing-in woman, may give rise to puerperal septicæmia. Is this the fact? In the case of each of the truly specific zymotic diseases, we are accustomed to find that each specific germ breeds true. Small-pox does not become scarlatina, nor measles typhoid fever. And, conversely, the septicæmic virus from a puerperal woman may give the same disease to another woman similarly situated; but we never find it setting up scarlet fever or typhoid in any one who may have come into contact with her. Suppose that a woman, just prior to her confinement, has been exposed to the contagion of some zymotic disease, what is it that we observe? A few hours or days after delivery she becomes terribly ill; there are a hot skin, preceded by rigors, rapid pulse and respiration, with a tendency, in most cases, to speedy death. But some of the specific signs of zymotic disease will not fail to appear: dusky red skin and throat if it be scarlet fever, dusky papules if it be small-pox, plum-colored blotches if it be measles, and so on. The specific disease will be modified, and, in most cases, intensified; but you will have no difficulty in recognising what it is, and you cannot mistake it for true puerperal septicæmia, such as I have now described.

In a word, is it not in the experience of us all that the germs of the truly specific diseases always breed true? There is, therefore, no analogy, except of the very loosest kind, between the symptoms, or living pathology, of the ordinary specific zymotic diseases, and those of true septicæmia, as it affects parturient women.

Whether disease-germs be all specific in character, or the contrary, cannot yet be decided. If we be guided by the phenomena of the specific contagious diseases, small-pox, scarlatina, measles, etc., we should say that they are. But if we look at the morbid processes in the surgical wards of our hospitals, we cannot believe them to be so; for we find that the poison of various diseases—erysipelas, scarlet fever, diphtheria, etc.—will excite

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pyæmic mischief amongst our wounded patients. The experiments of Pasteur, Koch, and others, also appear to me to support the latter view.

Turning to the other element, we say that it must be the condition of the nidus, of the bed to which the micro-organisms gain access, that determines the form of the disease; or else that the germ carries with its own specific virus, and so determines the kind of septic fermentation set up. If we adopt the first view, then we must conclude that a woman gets septicæmia because she has been delivered of a child; the condition of her discharges and of the parts determining the form of disease, whatever germs be applied. If we prefer the second, we ought to acknowledge as many forms of puerperal septicæmia as there are forms or species of germs which can gain access to her person. In favor of the first view the researches of Nægele and others tend to the conclusion that germs do acquire their particulate septic character by cultivation in albuminous fluids, and it is also found that the properties so acquired are capable of indefinite extension in the same form.

In the present state of our ignorance of the intimate character of various disease-carrying germs, we must be content to interpret facts by such light as we have. What I contend for is this—that sporadic puerperal, and sometimes non-puerperal, septicæmia, such as, in the cases I have described, attacks women in the best possible circumstances as to previous health and perfect sanitary surroundings. Also, I contend that the fact of the germs of the ordinary zymotic diseases getting to them, and inducing puerperal septicæmia, is not proven, and, in many cases, cannot possibly be entertained. Moreover, I contend that it is more in accordance with our experience, and with such knowledge as we posses of the action of disease-carrying germs, to conclude that, in most cases, a materies morbi, to call it by no more specific name, has been brought to the patient from another lying-in room, or from the wards of a hospital, or from a post mortem examination, or from some crowded assembly of human beings, or from some other unsanitary source, than that the disease has been set up ab origine in the woman's own person. The many known sources of a heterogenesis may well overwhelm the hidden and doubtful causes of autogenesis.

We may conclude, I think, from these propositions, that each specific germ will set up the same specific disease in a parturient as in a non-parturient person; and that non-specific germs—pathogenetic or zymotic matter—will give rise to such a form of disease as the particular condition of the patient is prone to; whether it be to puerperal septicæmia, to erysipelas, to typhoid fever, or diphtheria, all of which diseases I believe may be generated by septic matters, not yet rendered specific and particulate by cultivation in albuminous fluids. For recent experiments in the cultivation of germs would lead us to conclude that a simple zymotic materies morbi may, by successive cultivation in the bodies of patients, become, after a time, specific and particulate. And, again, such specialised germs may be afterwards diluted and toned down until they are able to produce only an ordinary non-specific zymosis or blood-poisoning.

Those of you who listened to, or read, the very interesting Address in Pathology by Dr. Creighton, at Liverpool, will have noticed this idea developed at much greater length, and with all the author's acuteness of reasoning. If I am not mistaken, that address contains the germs of a large extension of our knowledge as to the origin of the specific, pseudo-specific, and contagious diseases.

If you ask anything about treatment, I can say only that the almost sole indication is to keep the patient alive, in the hope that nature will eventually gain the victory over the destroyer. Along with attention to the state of the stomach and bowels, put your whole trust in quinine and iron in large quantities, with a sufficiency of nourishment and of stimulants, and persevere with them to the end. Never be led away by such mild affairs as Warburg's tincture, or tincture of aconite.

Since the above remarks were written, the Collective Investigation Committee have sent out a request for answers to certain preliminary questions on puerperal fevers. As I was one of the first to recommend this inquiry to the committee, I cannot but rejoice that they have taken up such an important and interesting subject; but much fuller data are required than any that can be noted in this paper now issued.

ITEMS.

Wisconsin has 850 local boards of health.

160 suicides in New York City during 1883.

The death rate of Brooklyn, N. Y., for 1883 was 22.16 per 1,000.

Baltimore has an inspector of plumbing, an office, which should be created in every city of the country.

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THE WEEKLY MEDICAL REVIEW.

VOL. IX. No. 4. CHICAGO AND ST. LOUIS, JANUARY 26, 1884. TERMS: $3 A YEAR.

A FORTNIGHT AGO WE PUBLISHED a short article relative to the scarcity of dissecting material in the colleges of Chicago this session, and we referred to the inevitable developement of grave robbing, arising out of that circumstance. We also referred to the existing law on the subject, by which the County Commissioners are authorized to deliver the unclaimed dead, to a duly appointed person for distribution among the various medical colleges. We have since heard that an indirect proposition was made to the various colleges, that, if certain sums of money were paid down, the bodies of the unclaimed dead would be at their disposition without further expense; that the professors refused to associate themselves with the commissioners in such acts. We are glad the professors took this position and feel assured that it will result in their advantage later on. The odium of grave robbing, if there is any under such circumstances, is less offensive, than the odium of association with commisioners of such a type. As war is now fully declared between the colleges and the commissioners, the colleges have no other alternative than to prosecute it with all the influence and ingenuity at their command. We suppose the intent of the legislature, when the law that has thus far proved inadequate, as far as educational purposes are concerned, was passed, was to facilitate the efforts which are steadily being made for a higher medical education in general, and in Illinois in particular; and we doubt not that the legislature on a representation of the case, will see that their efforts are not frustrated. At any rate, we insist that medical men throughout the state will use what influence they can command, to correct the abuse of the intention of the existing law, by advocating the passage of one that shall be more to the purpose. The passage of such a law is of more importance than might at first sight appear, for if facilities for medical education are not afforded in the state, the students and the necessary development of business, which such a body of men involves, will be transferred to the east. That, however, is merely the business aspect of the question. Every country or state partakes of the honor, which is accorded to the superiority of her individual children, and that obstacles should be thrown in their way when thirsting after knowledge by which to benefit humanity, is not going to be tolerated by our legislative body. By way of parenthesis, we would impart to those whom it may concern a bit of information which a recent graduate from the East imparted to us, namely: that they, the colleges in the East, got their best "material" from Chicago. With a market in the East for such traffic as the unclaimed dead, it is not likely that such very conscientious commissioners will bury them; especially, as they can charge for burying them at the same time.

In another part of the REVIEW will be found a draft of a bill bearing on this subject. It has been drawn by Marshall D. Ewell, of the Union College of Law, in Chicago, and forms part of a thesis on the legislation relating to the disposal of the dead. There is one point in the draft which deserves attention. In sec. 3 it makes due preparation for the distribution of subjects to colleges "according to the number of students regularly matriculated during the college year, preceding the time of application." This, it will be seen, makes no provision for the possible establishment of any new college. If the phrase "next preceding the time of application," refers to the preceding year, then a new college could claim no subjects during the first year of its

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existence. Nor do we think that the division according to the number of students is an arrangement calculated to produce the best results. There should be some attention paid to the number of years which such students prosecute their studies.

OFFICIAL ORGAN OF THE ST. LOUIS MEDICAL SOCIETY.

The St. Louis Medical Society on the evening of Jan. 26th, at one of the largest representative meetings held for many years, resolved, that all papers and reports of discussions should thereafter be published in this journal. The privilege of publishing the official reports of so well-known and important an organization, would at any time be considered a high compliment, but the circumstances accompanying the bestowal of this mark of confidence makes it unusually gratifying. It has never been, nor will it ever be the policy of this journal to obtrude upon its readers the business of its editors or publishers, or to give undue prominence to local matters; this explanation is due our numerous readers to whom St. Louis affairs can be of little or no interest, but to which affairs we nevertheless, must occasionally advert, as our many home patrons demand some consideration. The proceedings of the St. Louis Medical Society have for some years past been published in a monthly journal as "the official organ of the society." The Review, appreciating the value of these official proceedings, petitioned the society some two months since for the privilege of publishing them in common with other journals; this was granted, it was even unanimously recommended by a committee, that the Review be made the official organ of the society; but the society voted to have no official organ. The Review, believing that it was to enjoy the same privileges as the other journal, engaged a stenographer, and proceeded to give regular reports; the first paper was read the evening after the annual meeting, and appeared in this journal before the next weekly meeting of the society, and reports of discussions appeared with similar promptness. This did not suit the Monthly Journal. It appreciated the fact that its prestige could only be maintained by the ability to announce itself, as heretofore, the official organ of the society. It was, therefore, not surprising that at the meeting of Jan. 19th, one of the editors of the monthly introduced a resolution to the effect that the society select an official organ; action on this was postponed until the following meeting. Up to this time the Review had been perfectly satisfied with the state of affairs; it neither asked nor desired exclusive privileges; all it wanted was to be placed upon equal footing with the monthly; but when the society determined to have an official organ, the Review, feeling that its superior claims entitled it to the position, entered the race for the prize. At the meeting of Jan. 26th, the postponed resolutions came up for consideration; the claims of both journals were discussed; it was shown that the Review—to say nothing of the advantage of weekly over monthly reports—had the largest circulation. On the question being put to vote, the Review was selected by a handsome majority. That we appreciate the compliment, we have already said, and after the explanation made, our readers will understand why we appreciate it all the more under the circumstances. This endorsement of the Review, coming, as it does from the oldest representative medical body of the Mississippi Valley, from a society which contained such men as McDowell, Hodgen, Linton and Waters, and which at the present time has amongst its members many of the prominent medical minds of this country, is a compliment indeed, and we shall endeavor to make ourselves worthy of it, by making the Review a journal in which any medical society may be proud to have its transactions published. In addition to the official reports of the St. Louis society, we will also publish those of the Chicago, Milwaukee, and other prominent medical organizations, but shall not, however, allow our representation of local bodies to narrow our scope. We shall endeavor to retain a broad and catholic spirit, sparing neither pains nor money to the accomplishment

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of this end. In conclusion we desire to state that we bear no ill-will to the journal competing with us for the right to publish these transactions, and knowing that the gentlemen who supported the claims of the latter did so in good faith, and from the best of motives, we certainly can bear them no animosity; we have nothing but kindly wishes for both the journal and its friends. We shall do everything within our power to sustain and increase the value of the society's proceedings, and ask in return that all of its members, regardless of previous differences, will lend their kind co-operation towards the attainment of this end.

CHRONIC MECONISM OR PAPAVERISM is the title under which Dr. C. H. Hughes writes of the opium habit in the January number of his journal, the Alienist and Neurologist. Regarding the treatment, he condemns in the strongest terms the sudden withdrawal of the drug, pronouncing it culpable malpractice and unpardonable cruelty; the gradation of reduction should be according to the strength and recuperating powers of such individuals, looking well to the functions of food assimilations:

"It is of the utmost importance to become as thoroughly as possible acquainted with the patient's idiosyncrasies and tendencies to disease; also to ascertain for the relief of what disease, if any, the use of opium or morphine may have been resorted to, in order that a proper plan of treatment may be devised for the pre-existing disease, should it be found persistent, on the withdrawal of the habitual anodyne. If it be satisfactorily ascertained that the patient is quite healthy and free from inherent predisposition to profound cerebral disease, the process of reduction may be at once begun by cutting off two-fifths or less, of the daily dose of morphine, and substituting for each grain of morphine withdrawn at least two grains of quinine, and for each grain of opium or its equivalent in laudanum, one grain or less of quinine; but in any case not giving less than twenty grains of quinine daily during the patient's waking hours. In cases where twenty grains of morphine have been daily consumed, after reducing the daily allowance to ten or twelve grains, it is best to wait a few days, usually, before proceeding further, taking care that the patient eats, exercises and sleeps well, and that the quantity of quinine substituted be sufficient to supplant the morphia withdrawn. When the further reduction is begun, it should proceed at the rate of one-half a grain of morphine daily, and continue until the last atom is withheld; and this should be at first taken off one of the doses (not from all the doses), from the dose least relied on by the patient for his daily support. The elixir of the valerianate of ammonia, combined as occasion may require, with drachm doses of the fluid extract of valerian, will come into requisition in two or three-drachm doses, two or three times a day, so soon as the gradual reduction is begun; in some cases the valerianates may be deferred for several days, or dispensed with at first. In the beginning they should be used sparingly, as they will invariably be required in large quantities towards the end. The patient should take exercise, and in the morning a sponge bath, with bay-rum or whiskey, rubbing the chest and limbs daily, and at night before retiring, a valerianated hot bath. The case will not progress far before chloral, in from thirty to fifty-grain doses will be required at night, if the hot baths do not sufficiently tranquilize. Bromide of potassium and bromide of ammonium, repeated in full doses, with some muriate of ammonia and the compound syrup of the hypophosphites in full doses, several times during the afternoon and evening, and an ounce and a-half of whiskey or half an ounce of tr. valerian at bed time, may do for a while in the beginning. The extract of malt, in one or two tablespoonful doses, will always be a valuable aid at meals; to this, pepsin, pancreatin and bismuth may be added, if desired. The diet should be highly phosphorized or some proportion of iron and phosphorus daily given in the food, if the syrup of hypophosphites is not prescribed. When the inevitable nausea appears, the diet must be mainly lime-water and milk, orange and lemon ices, and ice cream, strong coffee and cream, or hot beef tea with

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a few drops of creosote, or such other nutriments and medicines combined as may be acceptable to the patient's stomach. Epigastric counter-irritation will not be amiss, and for this purpose the chloroform liniment answers better than mustard; the patient may wear a plaster, of equal parts of picis burgund., extract of belladonna and ten or fifteen drops of oil of black pepper, over the stomach, and where there is spinal tenderness, over the spine also. Cannabis Indica must not be continuously used for many days without intermission, but Hoffman's anodyne, the aromatic spirits of ammonia with the carminative and aromatic spirits, or an occasional half-drachm or drachm dose of chloroform in the yelk of an egg, should be made to take its place at times. In extreme cases the patient may be allowed an occasional half-ounce or less of paregoric, with the full dose of tincture of camphor and Hoffmann's anodyne added. The best wines and malt liquors are of great service in many cases, especially at bed-time. No remedies in the materia medica supplement opium like quinine and cannabis Indica, and as auxiliaries to the withdrawal of opium, chloral, valerian and the bromides, can seldom be dispensed with. For the pains in the limbs which sooner or later are sure to appear, the anodyne rubefacients readily suggest themselves, viz.: chloroform, aconite and opium liniments; volatile, turpentine, and capsicum liniments, cosmoline and camphor, massage; but nothing equals sulphuric ether poured on the parts and allowed to evaporate freely, except it be electricity, either galvanism or faradism, but preferably the former. It acts like a charm in every case. Hot clothes give great relief in some cases. For the inevitable diarrhœa, the terebinthinate emulsion and aromatized castor oil should be first employed. After a few days the nitrate of silver and creosote, or carbolic acid,—and finally camphor and astringents. A diarrhœa of short duration is salutary and natural. A capsicum and camphor pill has been of great service in some cases,—two gr. each, four times a day. The cardiac palpatation often encountered, is, like the diarrhœa, to be treated on general principles. The bromides generally relieve it, but digitalin, valerian and nux vomica may be added to them. The irritable stomach and emesis, never absent in the latter stages of withdrawal, call for creosote, lime water, etc., as has already been indicated, but champagne and strong coffee will often answer in their stead. The head will bear a descending constant current of six small cells (McIntosh) for one minute. In some cases a much stronger current will be agreeably borne, and with great benefit. The current may be applied longer and stronger, down the spine and to the painful extremities. To the limbs static or Fradic electricity may also be used. What the wise man said of all men, is certainly true of many opium eaters in regard to the abandonment of opium, when they are not constantly under the eye and control of their physician, especially if reliance is placed upon a single remedy. The medical man who relies solely on erythroxylon coca, leans on a broken reed, and he who thinks any tincture of oats, however concentrated and however valuable as a nutrient tonic, will without other aid cure these patients, is deceived. The best reliance outside of the pharmacopœia, after electricity, is in hot baths, and to be constantly in the open air.

Salt Solution, Both by Venous Injection and also by injection into the bowel was referred to by the Review during the agitation about cholera in the fall, and now we are glad to note a paper read before the Practitioners' Society, New York, by Dr. Wm. T. Bull, giving a record of nineteen cases treated with a venous or arterial injection of a saline solution, the general result of which is remarkably encouraging. The cases are taken from German, English and American sources; the first case being taken from the Centralblatt für Gynack. 1881, No. 23. The whole list is detailed in the Med. Record, Jan. 5, '84. The class of cases in which it has so far been found decidedly serviceable is anæmia from any source and in cases of collapse from poisoning by illuminating gas or by carbon-dioxide, in the latter case, however, it is necessary

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to withdraw, in the first place, a certain quantity of the poisoned blood before the introduction of the saline solution. The vessels so far chosen for the introduction of the fluid have been the peripheral end of the radial artery and the median basilic or cephalic vein. In one case of collapse after severe bleeding the central end of radial artery was chosen for the injection of six and a half ounces of the saline solution. The case recovered. The amount of the solution used varied from six to forty ounces, and the average time occupied in introducing it, has been about fifteen minutes. A good bottle to use is an ordinary nasal douche bottle, or in the absence of such a bottle a funnel with some clean rubber tubing, attached to which is a trocar with a blunt stylet. Dr. Jennings recommends a solution based upon the amount and nature of the salts found in the blood, but we think the more simple solution will be found the more practical. Dr. B. concludes his article as follows:

Let the solution (water, ℥xxxij; chloride of sodium, ʒjss; carbonate of soda, gr. xv.), warmed to 100° F., flow from a height of two or three feet in the course of fifteen or twenty minutes. The canula should be no larger than a medium-sized aspirator needle, one-sixteenth inch in diameter; the apparatus disinfected with 3 per cent. solution of carbolic acid, and antiseptic precautions observed in operating. Choose the arm in which a well-distended vein can be seen at the bend of the elbow, and failing to find one secure the radial artery, and inject the fluid into its central end.

Prevention of Ophthalima of the New-Born.—Thirty-four per cent of the blind inmates of the Breslau Institution are, according to Magnus (Arch. of Oph.), thus afflicted as a result of ophthalmia neonatorum, consequently measures calculated to lessen such a disaster must certainly be entertained with interest. Professor Crede, in discussing the ætiology of this affection concludes. [Boston Med. and Surg. Jour.]

(1.) That the blennorrhœa of the new-born is caused by a specific virus identical with that of gonorrhœa.

(2.) That the virus, which is contained chiefly in the vaginal secretion of women suffering from vaginitis granulosa, comes in contact with the conjunctivæ during the expulsive stage for the most part: consequently,

(3.) That a protracted expulsive stage (and Credé considers the period protracted if over one hour in duration) favors the inoculation: further,

(4.) That rupture of the membranes more than three hours before the birth of the child not only prolongs the labor and thereby increases the opportunity for infection, but also renders it possible for the examining finger to carry the virus to the eyes of the child: also,—

(5.) That as boys are in the average larger than girls and therefore, cæteris paribus, entail a longer expulsive stage, they are more liable to be infected than girls.

(6.) That the incubation stage of the virus is at most not longer than five days; and that consequently blennorrhœa appearing later than five days after labor must be attributed to post-partum infection by the unclean fingers of mother or nurse, or by contact with infected sponges or linen.

(7.) That the normal secretion of the vagina cannot cause a specific blennorrhœa, but may give rise to a simple catarrh.

After trial of various methods, Credé now employs the following treatment: After the cord is cut, the child is bathed and the eyes cleansed with a bit of cloth and pure water: the lids are then separated a little, and by means of a glass rod a single drop of a two per cent. solution of nitrate of silver is allowed to fall upon the cornea. With the great majority of children no reaction follows this application; but in some cases, especially in those of premature birth there appears several hours after the application a slight hyperæmia of the conjunctivæ without swelling, and a somewhat increased secretion: these appearances vanish, however, on the third day at the latest without treatment. Credé still employs the vaginal douche for the sake of cleanliness; but he does not think it has any especial value in preventing fœtal inoculation. Before the introduction of this method into the

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Leipsic Lying-in Hospital, blennorrhœa was observed in about 10 per cent. of all cases: since June, 1880, when the measure was systematically adopted, the proportion has fallen to about two-tenths of one per cent. A more favorable result could scarcely be expected.

We should scarcely suppose that Professor Credé would have recommended the use of nitrate of silver without having previously used the proper cleansing of the eyes with the cloth and pure water, together with the use of a little pure water brought in contact with the palpebral and bulbar conjunctiva. We cannot realize that if the specific virus has attacked the eyes that such virus is destroyed by one drop of a two per cent solution of nitrate of silver. Further, why it should be dropped on the comea we fail to comprehend. The usual efforts of oculists is to apply the nitrate of silver to the conjunctiva and spare the comea, and certainly the conjunctiva would be more likely to harbor the virus than the smooth surface of the cornea. If the eyes have to be treated we think a little rose or aromatic water would give greater satisfaction to both physician and patient.

THE SENSIBILITY TO PAIN IN NEW BORN INFANTS is a question of considerable interest from various points of view, in addition to its interest as a physiological and psycological fact. In the first place it is of special importance relative to any operation which may be necessary in the early days of its existence; then again it is of importance to the nurse, who, in the absence of this sensibility to pain, should increase her vigilance in reference to external source of irritation. The Glasgow Med. Jour. quotes Genzmer on this general question of senses in new-born infants as follows:

The sense of touch is developed from the earliest period, and reflex actions are readily excited by slightest stimulation of the nerves of touch, especially of the face, then of the hands, and soles of the feet. The feeling of pain is but slowly developed, and is only clearly exhibited after four or five weeks, before which time infants do not shed tears. True muscular sense is at least doubtful. Excitement of the sense of touch gives rise to unconscious reflex movements, the amount, therefore, rather than the quality of sensation is observable. Closure of the nostrils occasions a reflex dyspnœa. Hunger and thirst are manifested in an increased general irritability followed by reflex movements; these cease after the first week. Smell and taste are not distinguishable to infants. Genzmer asserts, in opposition to Kussmaul, that the sense of hearing is perceptible in the first, or at most the second day of life. New-born infants are so sensitive to light that they will turn the head to follow a mild light; whilst if a strong glare be suddenly thrown upon the eye squinting is induced, and even convulsive closure of the lids. After a few days, the child will follow the motion of various objects by movements of its head. Between the fourth and fifth weeks the convergence of the pupils and the power of co-ordination in vision are perceptible. A distinct perception of color does not exist under four or five months; before then it is quantity rather than quality of light that is recognized. The inhibitory reflex centre is not yet developed in the eye; weak and moderately strong irritation excite movements which serve that purpose. Excessively strong impressions only excite passive movements. New-born infants cannot separate the impression on their organs of sense. The readiness of excitability is shown in the fact that the stronger the stimulation, the shorter the physiological interval.

THE PRIVILEGE TO INTRODUCE CONCISE MEDICAL TERMS to convey definite thoughts in any department of medicine we hold to be not simply a right belonging to every one who presents himself to the profession, but it is their duty to look after such terms. It is therefore with surprise that we see a reviewer in the Bost. Med and Surg. Jour. shocked to find in a work on "Surgical applied anatomy" the expression that an organ "has been found herniated." The reviewer looks in Dunglison and finds at least one vote against him. Had he not found it there, we suppose he

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would have felt his reproof fully justified. But why should we be confined to the exact number of words found in the dictionary? Had such a policy always been followed the language we should now use would be very different from that we are actually privileged to enjoy. We see no reason even why we should attempt to ostracise the word "abscessed," which the dentists make use of constantly, at any rate in this section of the country (Chicago). We think that a judicious combination of familiar words would render medical literature more satisfactory than the too frequent borrowing of still other words either from the Latin or Greek, and had we possessed the good sense and courage to have used such terms as kidney-removal, spleen-removal and the like in place of the less familiar and certainly not more expressive terms of nephrectomy and the like, medical literature would have gained both in simplicity and force. We have no expectation that the Briton will follow the gratuitous counsel afforded him, and for our part we shall try to support him by the influence of example. If the tranformation of a substantive into a verb, or the combination of two or more familiar words will express our thought in the most concise and unequivocal language, we shall claim for ourselves the privilege, not only as a common right, but as a duty to be observed by all who exert any influence in the development of the expression of thought.

Acne Simplex and Acne Rosacea, says M. Moim in a thesis on the subject, can only be effectually combatted by attacking it at the lesion itself. The plan he adopts is as follows: A fine darning needle having a large eye is selected, and holding it by the point it is introduced with a rotary movement into the affected gland. A certain amount of the sebacious matter is lodged in the eye of the instrument; the latter is withdrawn, cleansed, and re-introduced, and the operation is repeated once or twice, until, the gland being emptied, its floor is touched by the needle, when a slight pricking sensaion is experienced. The same needle or another similar one, held in the same way, is then dipped in an alcoholic solution of iodine—of greater or less strength, but never weaker than that of the French pharmacopœia—and is again passed into the gland, charged with a drop of the iodine tincture, which is thus brought into immediate contact with the focus of the disease. After a few minutes, a clear liquid, slightly colored by the iodine, will exude from the gland, sometimes in a drop as large as a tear. This flow will cease within an hour. Twenty-four hours later, in cases of acne simplex, the inflammation, when accompanied by suppuration, will have wholly disappeared. If suppuration, however, had existed, it will be found perceptibly diminished, needing only two or three repetitions of the process to effect its entire cessation, followed by a permanent cure. Acne rosacea, being of a more intractable character, requires the application to be made several times, when results equally favorable will certainly be obtained. The advantages claimed for this mode of treatment over any local measures previously employed, are: That it is easily carried out; produces no additional disfigurement; is painless; does not necessitate the seclusion of the patient, and may be relied upon to effect speedy cures even in cases otherwise hopeless.

Bone Degeneration in the Insane.—Dr. J. W. Wigglesworth (British Medical Journal), states that the number of cases included in his communication are small, while his conclusions may be thus formulated: "1. The ribs of lunatics are perfectly healthy in a minority of cases. 2. The majority present some slight degree of change, which consists in a slight thinning of the external layer of compact bone and slight enlargement of the Haversian canals; but that these changes are in general merely trivial, and to be correlated with the general failure of nutrition so common in insanity, or with the presence of a wasting disease, such as phthisis, or with the advent of old age, or it may be with a combination of all of these; these cases possess, therefore, a general, not a local signifi-

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cance. 3. In a minority of cases, provisionally estimated at ten per cent., clear and precise lesions are found, produced by considerable internal absorption, which renders the bone very porous and brittle, and brings it under the category of the condition known as osteoporosis. The proportion of cases in which this affection occurs being thus considered to be much higher amongst insane than amongst sane individuals, it would appear to have some causal connection with insanity, of the nature of which we are as yet ignorant." Neumann has expressed similar opinions in his recent monograph on the subject.

TRAINING SCHOOLS FOR NURSES are increasing in number and popularity. There are now about twenty of them in the United States—three in New York, three in Boston, two in Philadelphia, two in Brooklyn, and one each in Chicago, New Orleans, Washington, St. Louis, New Haven, Burlington and Syracuse. The larger hospitals all over the country are founding these schools, and they are proving to be of signal service to physicians, as the value of trained nurses who know what obedience means, cannot be overestimated.

THE TREATMENT OF SYPHILIS without mercury is well enough in theory, but does not work in practice. Such is the conclusion arrived at by Prof. Newman, of Vienna, as the result of a series of cases treated in both ways.

AFTER THE DISCUSSION of a hundred cases of abscess, taking up the different relations of age, location, sex and length of time under treatment, L. Stuart Nairne (Glasgow Med. Jour.—N. Y. Med. Abstract), says as follows: Summary of cases cured: 34 M., 40 F. Total 74. Not cured, 13 M., 5 F. Total, 18. Died, 3 M., 5 F. Total 8. 50 M. and 50 F. Total 100.

Of the whole number of cases, 16 had osseous disease, and the abscess was only the outcome or manifestation of this complaint Again, 15 of the remainder had some serious glandular degeneration or other trouble affecting other than the osseous tissues. These cases were more fatal than those. The remainder, 69 in number, were properly cases of simple abscess, involving, perhaps, only one gland, or a limited portion of other tissue—*e. g.*, cellular tissue. This makes a percentage of 31 serious cases, and points out the fact that an abscess is not such a small matter, but is a disease of great importance.

In concluding I would put down the deductions that can naturally be drawn from these clinical histories and tables. 1. The early years of life are those in which abscesses are most common. 2. Both sexes are equally subject to abscesses. 3. The upper part of the body is the commonest site of abscesses in the female sex. 4. The lower part of the body is the commonest site in the male sex. 5. The parents of such as have suffered from severe abscesses, are themselves (either one or both) phthisical or strumous. 6. The average duration of treatment of curable abscesses is two weeks. 7. Abscesses fall naturally into two divisions—*a.* Simple. *b.* Indicative. 8. Simple abscesses require little treatment, have a tendency to spontaneous cure. 9. Indicative abscesses require great attention, have no tendency to cure, but rather to become chronic. 10. Indicative abscesses indicate constitutional affection—*a.* Of the osseous system. *b.* Of the glandular system, or of the cellular or any tissue other than osseous. 11. The constitutional affection of the bones is the least fatal.

THE NORTHWESTERN MEDICAL COLLEGE, of St. Joseph, Mo., has been recognized by the State Board of Health as a school in good standing. It was reported some time since that the State Board had refused to recognize the diploma of this school, and the dean has therefore issued a circular giving the above official decision.

THE CARTWRIGHT LECTURES for 1884 will be delivered by Prof. Burt G. Wilder, of Cornell University, at the hall of the Young Men's Christian Association, corner of Twenty-third street and Fourth avenue, on the evenings of February 2d, 4th and 6th. The general subject will be "Methods of Studying the Brain."

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COAL PIGMENT FOUND IN THE LUNGS, twenty years ago, says Prof. C. Weigert, of Lepizig, (Forteschritte der Medizin, Bd. I. I. No. 14) was regarded as a product of the human organism. It is now, however, admitted to be a gradual inhalation and deposition. The fine particles thus inhaled are kept from entering the general circulation by the bronchial glands, which in their normal condition act as a kind of filter. This pigment as a rule does not pass beyond the bronchial glands. Exceptionally however this does take place and the question which W set to work to solve was by what channel does this pigment or finely divided coal dust thus get into the gland and the various organs of the body ? Preparatory to his own explanation he advances one case, published by Soyka in the Prag. Med. Wocken. 1878, where the coal pigment was found in the liver, spleeu and kidneys of a 70 year old man, and the opinion of Soyka was that the small particles of coal had passed directly through the bronchial glands and entered the lymph vessels and thus formed part of the blood current, and were ultimately deposited where they were found. This explanation however, was not satisfactory to W. because he says such being the case the deposit of pigment would be found much more often. After considerable investigation W. comes to the conclusion that the deposit of coal pigment in other organs of the body besides the lungs is not of such infrequent occurence, at any rate in Leipzig and that it occurs more frequently in aged people. This deposit he says is so marked that in the majority of cases it can be seen with the naked eye in both the spleen and in the lymphatic glands of the portal system. In the liver and kidneys a sure diagnosis could not be made without the aid of the microscope. But the changes in the spleen and in the lymph glands of the portal system are so manifest that he considers the silence of authors on the subject up to the present time is remarkable.

W. then discusses the question by what channel this coal dust finds its way to these distant organs and comes to the conclusion that they do not get into the blood by passing through the lymph channels, but that they pass directly from the glands into the blood vessels by the direct union of the walls of the blood vessels with the glands. This pathological condition of the walls of the blood vessels with the glands has been demonstrated by previous observers and existed in the cases which came under his own investigation. He further claims that when the walls of the blood vessels are found pathologically united with the glands, and at the same time a black deposit present in the inner surface, that with absolute certainty it may be said that the same pigment deposit will be found in the spleen, liver and portal glands.

AN ERRONEOUS IMPRESSION seems to prevail to the effect that the WEEKLY REVIEW is in some way connected with the Medical Journal Association of St. Louis, under whose auspices the Courier of Medicine is published. There is no connection whatever between the two; the fact that they are printed in the same house has probably given rise to the mistake. THE REVIEW is owned exclusixely by the publishers, whilst the Courier is the property of the above-named association. No matter contained in the one ever appears in the other. The two publications are in every sense independent of each other.

UNDER THE HEAD OF THERAPY OF SPASMUS NICTITANS, Dr. Friedr. Betz relates (Memorabilien) the history of a boy, fourteen years of age, who had suffered for several years from a bilateral nictitating spasm of the lid. Several physicians had attempted to relieve him, but in vain. The boy was healthy, and his eyesight good. He had, however, quite long eyelashes and the edges of the lids were reddened. Betz performed epilation of numerous lashes above and below on both eyes. The result was immediately successful.

THE ANNALS OF ANATOMY AND SURGERY has suspended publication; the editors, Drs. Pilcher and Fowler, are both about to take a trip to Europe. The Annals was an excellent journal, and we are sorry to chronicle its suspension.

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CONTRIBUTIONS.

DRAFT OF AN ACT GOVERNING THE DISTRIBUTION OF THE DEAD TO THE MEDICAL COLLEGES IN THE STATE OF ILLINOIS.

BY MARSHALL D. EWELL, CHICAGO.

Marshall D. Ewell, Esq., Professor of the Union College of Law of Chicago, in a thesis deposited with the Secretary of the Medical Department of the Northwestern University, reviews the statutes relating to the disposition of the dead from the earliest time, and after showing the inadequacy of the present law for the state of Illinois in its intention to furnish medical colleges with material for instruction, drafts the following bill:

"*An Act to promote the Science of Anatomy, Medicine and Surgery in the State of Illinois:*

SECTION 1. The right to dissect the dead body of a human being, or any part thereof, shall exist in the following cases: (1) In cases authorized by positive enactment of the General Assembly of this State in this and other statutes; (2) whenever a Coroner is authorized by law to hold an inquest upon the body, so far as such Coroner authorizes dissection for the purpose of the inquest, and no farther; (3) whenever and so far as the husband, wife, or next of kin of the deceased, in case the deceased leaves no surviving husband or wife, may authorize dissection for the purpose of ascertaining the cause of death, and no farther; (4) whenever a person has during his lifetime directed that his dead body or any part thereof may or shall be dissected, or where any person has directed or given permission that any part of his body which has become separated therefrom during his lifetime be dissected, such dissection shall be lawful to the extent authorized by such person, and no farther.

SECTION 2. Every person who makes or procures to be made any dissection of the dead body of a human being, or any part thereof, contrary to the provisions of this act shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be fined not less than $25 nor more than $100, or be imprisoned in the county jail not less than one month nor more than three months, or shall be punished by both said fine and imprisonment, at the discretion of the court.

SECTION 3. Every superintendent of a penitentiary, State, city, or county hospital for the insane, warden of poor-house, coroner, sheriff, city undertaker, and every other public officer by whatsoever name designated, lawfully having charge of the body of any deceased person required to be buried at the public expense, shall immediately, by telegraph when practicable, otherwise by letter, notify the nearest known relative of such deceased person, if he knows or can with reasonable diligence ascertain the same, or, if no relative can be found, then some personal friend of such deceased person if any such is known to exist, of the death of such person, and shall deliver the body of such deceased person to any such relative or personal friend who is known or shall prove himself to be such to the officer or authorities having charge of the body, and who shall claim the same for interment within a reasonable time after such notice not exceeding forty-eight hours after the death of such person; but if no such relative or friend shall claim the body within forty-eight hours after death it shall be the duty of such officer or authorities having charge of such body forthwith to deliver the same to the officer or duly authorized agent of any respectable medical college, of whatever school, regularly chartered by the State, making application therefor, and which has given the bond hereinafter referred to and otherwise complied with the requirements necessary to obtain its benefits; and it shall be lawful for such officer or agent to receive the said dead body, and for said medical college, through its professors, officers, and students, to use the same as they may deem best for the advancement of anatomical, medical, and surgical science, but for such purpose only, and in this State only, provided that if any body so delivered, shall be subsequently claimed for interment by any such relative or friend of the deceased, it or the remains thereof shall be forthwith surrendered up for that purpose. Provided, also, that the remains of no deceased person who is known during his last sickness to have expressed a desire to be buried, the remains of no traveler dying suddenly, the remains of no person detained on any civil process, or as a witness, shall be so delivered, but shall be decently buried in the usual manner. Provided also, that the bodies so delivered, shall be distributed among the several respectable, regularly-chartered medical colleges of the state, of whatsoever school of medicine, according to the number of students regularly matriculated during the winter session of the college year next preceding the time of application, provided, however, that no medical college shall receive more than three (3) bodies till every

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other medical college which has filed the bond hereinafter required, otherwise complied with the requirements of this act, and made application therefor shall have received at least one (1), and no application shall be made, or, if made, shall be allowed, till the college so applying is ready to receive and remove the body or bodies applied for, and has given the bond hereinafter required and otherwise complied with the requirements of this act. Any violation of any provision of this section shall be deemed a misdemeanor, and shall be punished by a fine of not less than $50 nor more than $200, or by imprisonment in the county jail not less than three nor more than six months, or by both.

SECTION 4. In order to facilitate the equitable distribution of said bodies, it shall be the duty of every medical college so applying to file with each and every application for a body, or bodies, a statement of the number of students matriculated as aforesaid, and the number of bodies received by it from all sources up to the date of said application under the provisions of this act during the current college year, which for the purposes of this act shall be deemed to commence upon the day when this act goes into effect and end on the 31st day of August next ensuing, and every year thereafter shall commence on the 1st day of September and end on the 31st day of August of each and every year; and no application shall be allowed which is not accompanied by such statements. In making the distribution and delivery of dead bodies above provided for, each and every officer or person concerned in the same shall be governed by the statements thus filed and the principles stated in this and the preceding sections. In order to equalize any inequality of distribution resulting therefrom, it shall be the duty of each and every medical college claiming the benefit of this act, through its clerk or other recording officer, on or before the 5th day of September in each and every year to file with the Secretary of the State Board of Health a statement in writing and under oath, of the number of students regularly matriculated during the winter session of the college year ending on the 31st day of August next preceding, and the entire number of bodies received from all sources under this act during the same period; and it shall be the duty of the said Secretary of the State Board of Health forthwith to equalize the distribution of bodies appearing from such statements according to the principles of this act, and to certify the results of such equalization and transmit a copy thereof under his hand and seal as soon as may be to each college which has filed the statement above required, showing (1) the entire numcer of bodies each college was entitled to receive under this act during the year preceding; (2.) The number of bodies each college has in fact received; and (3) the number of bodies to be delivered by each college, respectively, which has received an excess over the number it was entitled to receive to each college, respectively, which has received a less number than it was entitled to receive; and, thereupon it shall be the duty of each college thus appearing to be in excess to deliver within a reasonable time to each college, respectively, which has received less than the number it was entitled to receive, so many bodies as said certificate shall specify as being necessary to equalize the distribution according to the principles heretofore laid down. Every medical college neglecting or refusing to file with the Secretary of the State Board of Health the statement above required, or neglecting or refusing to comply with the terms of the equalization above provided for, as shown by said certificate of the Secretary of the State Board of Health, shall thereby forfeit during the time it shall so neglect or refuse compliance, all rights and benefits otherwise accruing to it under this act; and a subsequent compliance with such requirements shall not entitle it to the benefits which might have otherwise accrued to it during the period it was so in default.

SECTION 5. Every medical college claiming the benefit of this act shall, before it shall be entitled to receive any dead body as aforesaid, execute and file with the clerk of the county in which such college is situated, who shall give a receipt therefor, a bond to the people of the state of Illinois in the penal sum of $1,000 with a surety, or sureties, to be approved by said county clerk, conditioned that each and every body received under the provisions of this act shall be used only for the advancement of anatomical, medical and surgical science, in this State only, and in such a manner as not to shock the public sensibilities; that said college will cause to be kept the record required by this act, and that the remains of every such body after use aforesaid, shall be decently buried in some public burial ground in this State; which bond shall be renewed on the 1st day of September of each and every ensuing year.

SECTION 6. The person receiving any dead body under this act shall in the name and behalf of the medical college for which he receives it, sign and deliver to the officer, or person, from whom the same is received, and whose duty it shall be to demand and obtain

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such receipt, a receipt therefor stating, if known, the name, age and sex of every such person, and the place, date and cause of death, if known, which receipt shall be preserved and recorded in a book to be kept for that purpose in the institution, association or office from which such body shall be delivered, and a copy thereof immediately transmitted to the Secretary of the State Board of Health, whose duty it shall be to file the same in his office; and every medical college receiving any dead body under this act, shall by its demonstrator of anatomy, or other analogous officer, in a suitable book to be kept for that purpose, make a legible record of the time when, the name and official station of the person from whom and the place where such body was received, and whether or not such body when so received, was inclosed in any box, cask or other receptacle, and, if so inclosed, such record shall contain a description of such box, cask or receptacle sufficient to identify the same, together with the shipping marks or directions, if any, on the same. Such record shall also contain a description of such body or remains, including the name, if known, sex, length and weight of the body, and the probable age of the deceased at the time of death, color of hair and beard, if any, condition of the teeth, and any and all wounds, marks or scars, if any, on such body by which the same might be identified; and whether or not such body when so received was mutilated so as to prevent identification of the same. And such record shall be preserved by said medical college through its demonstrator of anatomy or other analogous officer, whose duty it shall be to exhibit the same on demand, as also any and all such dead bodies then in his charge for the inspection of any sheriff or deputy sheriff of this State. Any violation of any provision of this section shall be deemed a misdemeanor and shall be punished by a fine of not less than $50, nor more than $200, or by imprisonment in the county jail not less than three nor more than six months, or by both said fine and imprisonment at the discretion of the court.

SECTION 7. Any person who shall buy or offer to buy, sell or offer to sell the dead body of any human being, or procure the same to be done by another; or any person who shall offer, pay, demand or receive any money or any valuable consideration whatever, or procure the same to be done by another, in consideration of the delivery for anatomical, medical or surgical purposes, of the dead body of any human being, or who shall transport the dead body of any human being beyond the limits of this State for anatomical, medical or surgical purposes, or who shall procure the same to be done by another shall be deemed guilty of a felony, and upon conviction thereof shall be punished by imprisonment in the State's prison not less than one year nor more than five years.

SECTION 8. Inasmuch as the law now in force upon the subject of this act is defective, an emergency exists requiring this act to take effect immediately; therefore this act shall take effect and be in force from and after its passage.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

Stated meeting, January 19th, 1884.

DR. POLLAK—Mr. President: I exhibit to the society a tumor, a malano sarcomatous tumor, which was removed from the patient whom I exhibited here some three weeks since. This is a typical case of melano-sarcoma, infesting the orbit of a man fifty-one years of age. The operation for its removal was an extremely tedious one, and the tumor you will perceive is like a clot of blood. Its *partial* removal was easy enough, but it was not easy to remove it *entirely*. It was necessary to literally scoop it out with a scoop, and so profuse was the subsequent bleeding that it was almost impossible to arrest it. I could not find the place from where the blood came, and consequently the vessels could not be ligated. I had to resort to styptics, and to the tampon; and nearly two hours were consumed before we could with safety leave the patient. As far as possible the entire growth was extirpated. I scraped out every particle from the orbit going as far back as I possibly could. I have no boubt it has invaded already the very stump of the optic nerve, and will return. To insure the elements of the tumor that might remain, I used chlorate of zinc—very strong—nearly a saturated solution. I desired to use the actual cautery, but the patient refused. I excised it as completely as was possible, then scraped out the orbit thoroughly, and having filled it with iodoform, tamponed it afterwards—that was all I could do. The man has an enormously hypertrophied liver, extending down to the pelvis. On the liver two or three large nodules as large as walnuts, could be felt, through the walls of the abdomen, which most likely are of the same character. I removed the eye orginally ten years since, because he desired it. It was not at my recommendation. I

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knew it would return and so informed him—to me it was a plain case of sarcoma, but yet six years elapsed before it was re-produced. Four years ago I removed the tumor regenerated from the same orbit, and now he came back three weeks ago with another tumor, much larger than the former one. The disease will soon undoubtedly be the occasion of his death, and although he is out of the hospital now attending to his business, still I am satisfied that he will not live long.

Dr. Watkins then read a paper received from Dr. D. M. Blount, a corresponding member of the society, detailing a case of traumatic tetanus.

DISCUSSION OF THE SUBJECT INTRODUCED.

Dr. Miesenbach: This is certainly a very unique case, showing what slight causes oftentimes produce tetanic spasm in the human body. Tetanus is of two forms, idiopathic and traumatic; the idiopathic form of tetanus being free from any antecedent injury, whilst the traumatic form is almost always produced by injury. In 1876 while I was employed at the City Hospital in St. Louis, a case came under my observation, in which the symptoms were produced by an exciting cause equally as simple, or even more simple than the case recited by Dr. Blount. The patient had scratched himself (on a nail) in the vicinity of the knee joint. A physician was called in and administered many remedies, but it seemed without avail, and the case continued to grow worse, when Dr. Hodgen saw him and sent him to the hospital. Three weeks had then elapsed since the receipt of the scratch. He knew nothing of any inconvenience on account of the wound and paid no attention to it. But happening to be down town one day he bought some candy, and in trying to masticate it found his jaws weak. Not long after that tetanoid convulsions supervened, which, when I saw him, were extreme. He had been laced in a ward and the slightest draught of air which touched him would occasion one of these convulsions. It seemed to be impossible to prevent their recurrence. Among the remedies employed, I gave him bromide of potassium, and chloral hydrate, but without any evident effect. Dr. Hodgen then suggested the arsenic treatment, which was then coming into vogue, and if my memory serves me right, the doses we gave were 7½ minims every two or three hours for the first or second day. There seemed to be an apparent mitigation in the severity of the convulsions. He gradually recovered, however, and the man regained the full use of his limbs. Another case, which occurred in my own practice, was something like this: A young man, working in one of our large foundry shops, struck the head of a hammer at such an angle as to detach a piece of the hammer, and the piece was projected into his thigh. He went at once to a surgeon to have the piece of steel extracted, but the surgeon couldn't find the fragment. Then he went to another, and afterwards to the dispensary, still it couldn't be found and the boy paid no more attention to it, and went to work again. Three weeks afterwards I was suddenly summoned to the shop, and when I arrived there I found him completely doubled up. His hands and feet were completely flexed and he was suffering excruciating pain. Of course I knew nothing of his previous history, nor of his having received the wound by the piece of steel; but he having informed me I requested to see the place. Upon examination I found a very insignificant looking wound covered with a slight scab. The appearance of the wound led me to believe that it was a fistulous opening that had been clogged, and after having received the history there was no doubt in my mind whatever but that there was a foreign snbstance in the wound pressing upon some nerve which produced the disorder under which he was laboring. I immediately tore open the wound with a probe and found sanguineous pus exuding, which was of an extremely unhealthy character. I had him taken home and enlarged the wound with a probe. With my fingers and the forceps I finally found the foreign body and removed it. Immediately upon its removal the convulsions ceased. Surgical or traumatic tetanus in many instances may be cured by amputation, that is where the extremities are involved, for instance, a finger or a toe. The amputation of the parts that are injured will oftentimes cure tetanus. The administration of chloral hydrate and bromide of potassium or even anæsthesia by chloroform are excellent remedies. Still there is no particular class of remedies that we have at present that are specifics for the convulsions of tetanus. Calabar bean or its alkaloid eserine stands very high; yet this remedy cannot be relied upon. Opium has also been tried and often ineffectually; in fact when a man commences to treat a case of tetanus that is evidently developed, he has his hands full.

Dr. Dean: In regard to the use of Fowlers's solution, I have during the last eight years faithfully tried this remedy in accordance with Dr. Hodgen's view and have used it of late years hypodermically. I am sorry to say I don't feel assured that I have seen a single case in which I knew we had gained any-

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thing. I still use it, and don't know of any remedy from which I could promise better results; I don't think I can cite a single case and I don't recollect that my assistants have called my attention to any in which its use had any beneficial effect upon the trouble.

DR. HURT: In the administration of Fowler's Solution in these frequent doses, and in considerable doses do you ever experience any irritation of the stomach? In ordinary cases and under ordinary circumstances I have heretofore been in the habit of administering Fowler's solution, or some other preparation of arsenic, but I am frequently obliged to desist from its use on account of the irritation of the stomach which it has occasioned.

DR. DEAN: I don't think I have noticed anything of the kind produced by Fowler's solution in these cases. I wish we had had better success. The cases that Dr. Hodgen cited in which arsenic had been employed induced me to go on in the same way.

DR. LOVE: I would like to report two cases which came under my observation two or three weeks since. The cases themselves were quite interesting and later developments show that the previous history of the family, and the succeeding history of the other members of the family are full of interest. Being called to 3401 Manchester road I found in a family named O'Brien two children sick. They had a little fever, and the tongue was slightly coated, but there was a question respecting the nature of the affection. I could not satisfactorily determine it. Being questioned as to what was the matter, I told the family—the father and a woman, whom I supposed was the mother, that the children were not very ill, but probably or possibly they were coming down with scarlet fever, or at least the disease was not developed, but that I would call the next day with the view of watching the cases. I gave medicines to act upon the bowels and stimulate the secretions. I did not consider the cases important enough for me to burden my mind with them, and scarcely thought of them until the next day, whereas if they had been seriously sick I should have kept them in mind. The next forenoon before I had time to call, I was summoned and upon arriving about noon I found one child in a collapsed, and dying condition, and the other in a state scarcely less hopeful. The child most seriously ill was about nine or ten years old, the other six or seven. I examined them closely because the symptoms were anomalous. I chided the family because they did not send for me earlier. "They said they hated to disturb me; that the severe symptoms took place in the early part of the night; that they had been vomiting and purging all night." The elder one was now beyond the reach of medical aid, indeed was dying. I however administered injections of whisky and stimulants, administered a hot bath, and in a general way tried to revive her, I directed the same form of treatment for the other child which was very much depressed—the temperature below normal—in fact was similarly affected though not so nearly in the state of collapse, but yet attributed her condition to the same toxic cause. I was not satisfied respecting the cause of the trouble—nor could I find any satisfactory clue to it. There was no irritation of the mouth or tongue nor any of the mucous passages to suggest it, and I left, having given my opinion that they would probably both die, and promised to call again. I called about two hours afterwards and found them both dead. As the father was not present I questioned the woman, whom I supposed to be the mother, and she said the younger one died as did the the elder with sinking and vomiting. I made inquiry about the premises and found opening into one of the rooms in which they slept, a sink for waste water, and told her I wanted to learn more about the cases, wishing to see the father to ascertain if any of the rest of the family had been sick. She told me then for the first time that the mother and one other child had died two weeks before in a similar way. When I was pressed for an opinion as to the cause, I told her frankly I was not satisfied in my own mind—I couldn't understand it—it might possibly be due to sewer gas. She then added she was feeling badly herself. I examined her tongue and found it heavily coated. She was not in a good condition. I left with the request that she would send her husband to me. She said he wanted me to leave the burial certificates for them. I said I wanted to see him before I gave them. These cases gave me much anxiety. I didn't like to do or say anything to cast unmerited suspicion, although my suspicions were aroused as to the particulars, as I had learned the mother and child had died in so short a time. The next morning a gentleman called to get the certificates for the children—not the father however; it was the undertaker. I asked the undertaker what he knew about them, and what physician attended the mother and the other child, because I wanted to see him and get the facts from him. I thought he might give some light upon the cases. He said he didn't know; one doctor lived in N. St. Louis, and another lived by the Pacific railroad. It seemed to be a strange thing that in every case a different

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doctor was summoned; but I didn't know, it might possibly be a mere coincidence. Very undecided in my own mind, I wrote the certificates simply because I did not wish to do anything that might possibly be unjust, or that might disturb the conditions of the family. I determined to find out from the Health Department what was the alleged cause of the death of the other members of the family. While the matter was still in my mind, and I was waiting for an opportunity to investigate the matter, I received a note from the coroner requesting me to call and see him. I called on him, and he informed me that the physician, in the northern part of the city, when he learned that the children had died, had had his suspicion aroused; that he had attended the mother, but not the other child, and he too was not satisfied as to the true cause of her death. I think he gave a certificate, as I had done. He asked me all about the children and I related the facts as I have now given them. I gave in my certificates as causes; in one case, gastric congestion—congestion of the stomach—and in the other pernicious malaria, possibly I gave pernicious malaria in both. I thought possibly bad air or sewer gas might be the true cause. I thought there was enough perhaps in the surroundings to justify me in giving the family the benefit of the doubt. I recall two cases occurring in the neighborhood of Compton ave., that had been taken with symptoms of cholera within a few weeks, one of which died. In 1873 many of the so-called cases of cholera that occured in the Gravois Road district, which I saw, were in the families of dairymen who drank water from wells which were in close proximity to the dairies. I believe in in each and every case they were poisoned by septic poisons, and I felt that possibly these deaths under consideration might be explained on that ground. About one week after the interview with the coroner, the father, the only remaining member of the family, was taken sick with similar symptoms. He consulted Dr. Thomas O'Reilly, went to his office. The doctor prescribed for him as he thought he required, but did not think he was much sick. After which he went home; had in general the same symptoms and died the next day. They all died apparently in very much the same way, after a short sickness. No inquest was held. I was quite surprised. The night after the death of of Mr. O'Brien several policemen called at my office in the night to make inquiry, and from what they said I supposed the matter would be thoroughly investigated. I said I thought there was enough to justify a thorough investigation; and that if O'Brien was dead they ought to notify the coroner at once. I have been told no post mortem was made.

NEW YORK NEUROLOGICAL SOCIETY.

Stated meeting, Jan. 8th, 1884.

Dr. William J. Morton, president, in the chair.

NOTE ON THE USE OF THE MENTHOL CONE AS AN ANODYNE.

Dr. E. C. Wendt showed a little contrivance, called by the Germans "Migräne Stift," and explained the method of its application and uses. It consists of a piece of menthol moulded into a conical shape and secured in a little wooden box, closed by a cover to prevent evaporation, soiling and breaking. It seemed to be very little known here, although it was much used abroad, especially for sick-headache.

His attention had been first directed to the anodyne properties of menthol by a short notice, published in the Medical Record, of April 28th, 1883, by Dr. Cammann.

That gentleman had recommended an alcoholic solution of menthol (ʒj to ʒss alcohol) to be painted over the affected parts. Dr. Wendt had since that time often used this solution and found it a rather reliable anodyne.

Its pain-relieving action was restricted, however, to the slighter ailments, especially those of a neuralgic character. Since his acquaintance with the solid menthol-cone, he had frequently substituted the direct application of menthol by means of the latter, for the solution formerly employed. He would admit that the only advantage which the solid cone or pencil had over the solution formerly employed. He would admit that the only advantage with the solid cone or pencil had over the solution consisted in the greater simplicity of its application, its ready portability, and the fact that its vapor was not apt to irritate the eyes of susceptible patients. He had repeatedly heard complaints in that direction from ladies, regarding the solution, which was obviated by using the cone.

In this country menthol had not yet received that amount of recognition from the profession, to which its pain obtunding properties would seem to entitle it. In fact, little seemed to be known about it, and for this reason, Dr. Wendt thought it might not be amiss to quote a descriptive notice which had appeared in the Midland Medical Miscellany, of October, 1883.

"Menthol or Menthylic alcohol, C10

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H20 O, is a crystalline substance, deposited from the oil of peppermint, prepared in China and Japan from Mentha Arvensis var. piperascens and glabrata."

It formed the chief ingredient of a much valued remedy for neuralgia before its nature or source was generally known. Under the name of Po-ho-yo, or Gouttes Japonaises, it has been sold in small bottles, labeled with Chinese characters.

It is a white crystalline stearoptene, melting when pure at 97° Fahrenheit, and is obtained by the Japanese from the oil of peppermint, by submitting it to freezing several times in succession until no more menthol crystallizes out.

It is also said to be contained in the American and English oils of peppermint, but probably in small quantities only.

Menthol is said to be sometimes adulterated with crystals of Epsom-salts, to which it bears a great resemblance. These being insoluble in alcohol or chloroform, in which fluid menthol is freely soluble can easily be detected. Samples of fine crystals sometimes contain some essential oil adhering to them a fact which must be taken into consideration, when the menthol is made into cones or pencils.

Menthol is but slightly soluble in water, although imparting a strong odor and taste to that liquid, and is soluble in aqueous alkalies. It is soluble in fixed and volatile oils and in ether.

Although Dr. Wendt's experience with menthol had not yet been a very extended one, it had nevertheless been sufficient to convince him of the utility of the drug, in a rather large class of cases. Thus, as already stated, he had found it a pleasant and reliable anodyne, in all the lesser neuralgias, and especially in those so frequently occurring about the face. But it was also servicable in many painful affections, due to inflammatory processes. For example, in mumps, in the cervical adenitis so often accompanying sore throat, and in numerous other affections where pain was a prominent symptom, menthol might be used to advantage. With regard to its topical action, it was similar to that of aconite, over which it had the advantage of not being poisonous.

Dr. Wendt remembered one very striking case of quite severe supraorbital neuralgia, which refused to yield to the oleate of aconitia, but was much benefitted by the menthol, but on the whole, in violent attacks he had found it almost useless. In typical migraine, for instance, where the pain was at all severe, and in all deep-seated aches, of more than very moderate intensity, it had no appreciable effect, except, perhaps, the indirect psychical action of distracting the sufferer's attention.

In the discussion which followed these remarks, Dr. Roberts asked Dr. Wendt if he had tried the prolonged application of menthol.

Dr. Wendt said that he had in some cases of hemicrania, though without decided benefit. Nevertheless, the patients experienced a pleasant sensation of coolness of the surface followed by a feeling of agreeable warmth.

Dr. Morton desired to ask Dr. Wendt in what sense he used the word anodyne. Dr. Wendt said in the usual one of affording relief from pain by blunting sensibility.

Dr. Morton thought that menthol probably acted more after the manner of counter-irritants, by insuring relief in a reflex rather than directly local way. Mustard was a typical peripheral nerve-irritant, and it seemed to him that the action of menthol could be best explained on the same principle, of procuring peripheral nerve-impression in a reflex way. Dr. Morton continued that his attention had been first called to the menthol-cone by Dr. Wendt. He chanced to be at the latter's office one day, when suffering from head-ache. A few strokes of the menthol gave him at once a sense of relief. He felt the effects of the peppermint to be as gratefully cooling as the application, say of cold metal. In brachial neuralgia, as well as in sciatica he had been pleased with the good effects of menthol. He thought the drug was deserving of further trials.

Dr. Ralph L. Parsons then read a paper on

DETENTION IN ASYLUMS,

The reader spoke first, of the question, whether sane persons were not often improperly or unjustly detained in asylums for the insane; and secondly, whether many uncured and incurable patients who were now methodically detained in asylums might not advantageously be returned to their relatives, or placed in the care of private families under state supervision.

It was assumed in the first instance that the detention of patients after recovery had taken place, for a longer time than might be required, was quite possible and even probable in some instances. But he claimed that such detentions were not usually of serious import to the patient; that on the other hand too early discharge might be more injurious. It was also admitted that maliciously unjustifiable detentions were quite possible, as any other sort of injustice is possible on the part

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of persons holding positions of power and responsibility. But reasons were urged by Dr. Parsons, in support of the belief that such malicious detentions were at least very rare.

Cogent reasons were given why various classes of convalescents ought to remain under asylum care for a period of time after they appeared to be well: as for instance, when they would be immediately subjected to the exciting cause of their insanity on their return; when the progress toward convalescence had been characterized by relapses, or when dangerous delusions had been entertained and had faded away so gradually that there were difficulties in judging whether they had passed away entirely.

But, on the other hand, the discharge of certain uncured curables before they were well was advised, as when after making a certain degree of improvement, this improvement stopped and the patient seemed to retrograde. It might be safe and highly advisable to discharge some of these patients before they were well.

The major part of the paper was devoted, however, to an advocacy of the discharge from the asylum of harmless incurables, and their return to the care of their friends, or placing them with ordinary families as boarders and in some sort as members of families.

Quotations were made from Dr. Bucknill and from Dr. Maudsley, strongly supporting these views.

The question was then considered, what classes of incurables might safely and with benefit, be released from the asylum restraints. Since in the case of a great majority of such patients, moderate cost of maintainance would be essential those only would be adopted who were quiet and orderly, and would require no especial attendance or supervision. Habits of industry would be favorable.

As a preliminary measure, a system of legalized furloughs was advocated, to the end that at first the patient might still be under legal restrictions and easily returned to the asylum, if the trial at large should prove a failure.

The families in which the patients should be placed should be selected with great care. While at first there might be found very few suitable families who would assume the charge, it was thought that, when a beginning had been made plenty of suitable homes would be offered.

A suitable system of visitation and of reports was advocated. The paper closed with the following summary of conclusions, to wit:

1. That inasmuch as many recoveries take place in asylums for the insane, it is to be expected that some convalescent patients may at any time be found in the wards. 2. That while possibly now and then a convalescent patient may be detained on probation an unnecessary period of time, such cases are not of frequent occurrence nor important in their consequences when they happen; and that when they do occur the detention is very rarely indeed through criminal intent. 3. That many harmless incurables are unnecessarily detained in asylums for the insane; that these incurables would be happier in the enjoyment of ordinary family life and associations, and that systematic efforts should be made to secure their enlodgement and their establishment under family care. 4. That under certain circumstances curable patients should be removed from asylum restraint and associations while yet uncured.

Owing to the lateness of the hour, the discussion upon Dr. Parson's paper was postponed until the next meeting of the Society.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

HOUR-GLASS CONTRACTION OF THE STOMACH —CONGENITAL. Presented by G. J. H. Musser. The patient an adult from whom I removed this stomach died of organic heart disease. Constant vomiting occurred a few months before death, but as a sequence of the general condition of the patient, and not on account of the gastric change. I call the appearance congenital because of the absence in the clinical history of any occurrence throughout life to have caused it, and of the want of evidence on post-mortem inspection. The contraction took place in the center, and was tranverse; the peritoneum and submucous-connective tissue was thickened at this point. Anterior to the constriction, the muscular coating was hypertrophed. The mucous membrane was thrown into folds by the constriction.

LUNG FROM A CASE OF PLEURO-PNEUMONIA, complicated with Delirium Tremens. J. H. Musser, M. D.

I present this specimen to-night on account of its perfection. It is the lower lobe of the right lung in the stage of red hepatization as indicated by the appearance, weight, etc. Almost the entire plural surface, including the diaphragmatic, is covered with recent lymph, the layer averaging one half inch in thickness. The tongue of the lung dipping into the space between the diaphragm and the thoracic wall is not solidified entirely. Here the lymph is abundant, and the contig-

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uous portion of the lung is hepatized, as if the inflammatory process extended from the pleura this peripheral hepatized portion is but one-fourth inch wide, the inner succeeding portion is not solidified.

The patient died eighteen hours after admission to the hospital from heart-clot. When admitted there were evidences of its formation, and, in addition, he had delirium tremens. The pneumonia was distinctly recognized. There were no signs of pleurisy, simple or diaphragmatic. It was remarked, at the autopsy, on removing the sternum, the extreme distention of the right heart, especially the auricle. On opening the heart, hypertrophied from other causes, the right side was found filled with blood, and an enormous ante-mortem clot entwined around the leaflets of the tricuspid valve and extending through the auricle into the pulmonary vessel. A similar clot was found in the left heart. The kidneys were congested and commencing cirrhosis appeared manifest.

The history of the case antecedent to the admission to the hospital, is as follows: The patient had been on a "spree" for two weeks, and five days before admission, had had a severe chill followed by the symptoms of pneumonia. Two days after the chill, the mania developed, and on the day of admission he had been found wandering about the streets by a crony, who bronght him to the hospital. He was 41 years old, a boss-machinist, single, of intemperate habits.

CARCENOMA OF THE UTERUS, FATTY KIDNEYS AND EMPYEMA. By W. A. Edwards, M. D.:

The specimens which I show you to-night, were taken from the body of A. E. this morning. I have not, as yet, had the opportunity of examining them microscopically. The patient was visited but once before her death by Dr. J. S. Watt, for whom I made the post-mortem examination. The history of the patient is of course imperfect, in fact little if any could be obtained. The symptom of which she complained the most was an ill-smelling, irritating discharge from the vulva, so our attention was first directed to the womb which presents a scirrhus carcenoma of the external and internal os, and of the cervical canal. The mucous membrane of the organs is softened and very rugous, looking not unlike a mammilated stomach. A microscopic section will probably show cellular infiltration The uterus is enlarged; our subject was a multipara, age 45, nine children, and two miscarriages. A cyst was seen in the right parovarium; its contents were pure serum. The pelvic viscera normal. The kidneys were small and appear to have undergone some amyloid change; the right one was a rib higher than its normal position.

The heart muscle has undergone some fatty degeneration, as has also the aorta; valves almost normal; ante-mortem clot in each ventricle; that in the right is of unusual size. Pericardium contained the usual straw-colored effusion. Lungs: Left, normal. Right, the pulmonary and costal pleuræ were in many places adherent by thick well-organized lymph, which beautifully illustrates the rationale of friction râles, their sudden appearance, short duration, and equally sudden disappearance. About a pint of purulent effusion was collected in the base of right chest. The diaphragmatic pleura was tightly adherent to the pulmonary, requiring some tearing in order to separate. The lobes of this lung are bound down by recent lymph. Scattered throughout the mesentery were to be seen areas of calcareous degeneration about the size of almonds.

Thursday evening, Jan. 10th, 1884.

The President, Dr. Tyson, in the chair.

OSTEO-MYELITIS OF TIBIA, exhibited by Dr. C. M. Wilson.

Geo. L., aet 42, was admitted into the surgical ward of the Penna. Hosp. Nov. 26, '83. Sixteen days previously he had been knocked down on ship board, and had sustained a wedge-shaped fracture of the tibia and an oblique fracture of the fibula of the right leg about the middle. When admitted the fragments were in mal-position and partially united. There was considerable deformity, the lower fragment of the tibia being tilted up and overlapping the upper fragment. By appropriate treatment, the fracture was retained in fairly good position, and the case was progressing favorably until the afternoon of December 26th, just one month after admission, when he had a severe chill, followed by a temperature of 103½° Far. He complained of violent pain in left shoulder joint. He was treated with salicylate of sodium. Next morning his temperature was 102½° Far., with intense pain in both shoulders and elbows. The same anti-rheumatic treatment was continued under the supposition that the case was one of acute articular rheumatism, the man having been exposed to a draught. The afternoon of the second day he had a severe chill, with an evening temperature of 104 2-5° F., and a pre-systolic mitral-murmur was detected. Dr. Wilson now considered the case to be one of pyæmia, and gave massive doses of quinia, stumuli and digitalis. Man steadily grew worse, and died of exhaustion on the morning of December 30. Post-mortem 26 hours after death;

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rigor mortis marked; body well nourished; posterior portion of body much discolored; extensive ecchymoses over arms and shoulders; smaller patches over abdomen and chest; 1½ oz. of clear serum in the pericardial sac, with many ecchymoses over the surface of the heart. Both sides of heart relaxed and partially filled with post-mortem clots. The valves on right side appeared normal. The aortic valves were incompetent, and their free borders were roughened by recent vegetations. There was also some slight thickening and contraction. The mitral valves showed old thickening as well as signs of recent inflammation. The endo-cardium of the left ventricle showed numerous spots of ecchymoses. The heart weighed 16 ounces, and its tissue was a good deal softened. Spleen normal; left kidney weighed 7 ounces; was somewhat swollen, and its tissues were slightly flabby. The capsule was thickened and somewhat adherent; the organ was congested and somewhat swollen; right kidney weighed six ounces, and presented same appearances as the left. Liver was large, swollen and marked by the ribs. Its surface was mottled with rounded yellowish patches surrounded by dark red areolar; section showed it to be markedly congested. Its weight was 4 lbs, 4 oz. Lungs much congested. The base of the left being anteriorly bound down by the old adhesions. The brain was not examined. Examination of the fracture showed it to be ununited and there was no callus detectable. The periosteum tore easily. On section the medullary of the cavity of the tibia showed marked evidences of inflammation. There was a puffy septum of granulating tissue between the ends of the fragments. Above there was evidence of extravasated blood and 2½ inches above the line of fracture, there was a small circumscribed medullary abscess. The medullary cavity was inflamed and streaked with red lines. Through the kindness of Prof. Brinton and Dr. Longstreth, Dr. Wilson was enabled to show several pictures illustrative of osteo-myelitis. This is the only case of death from simple fracture recorded at the Penna. Hosp. This disease must be a very rare sequel of simple fracture. It is not necessarily a fatal disease, as the inflammation may become circumscribed, a depot of pus formed and the destructive processes end there, or a portion or the whole of a bone may die or be removed. It is easy to see how a virulent inflammation going on to suppuration with no vent to the pus, as in this specimen, could readily give rise to septic poisoning. I am indebted the courtesy of Dr. Longstreth both for the specimen and assistance in its preparation.

Dr. Tyson said that he had seen many cases osteo-myeletis from gun-shot injuries during the late war, but he could not recall a case when the medullary canal was encroached upon by a condensing osteitis as in this specimen.

Dr. Nancrede related a case of fatal septic trouble following a simple fracture, of the thigh, where the starting point seemed to him to have been a superficial ulceration of the spine, produced by the adhesive plaster. Possibly section of the bone might have revealed an osteo-myeletis, but as the fracture was firmly united, he thought that the spine abrasion was the starting point, and related two cases of pyamia produced by equally trivial causes. Dr. Longstreth related a case seen by him when a resident physician at the Penna. Hospital. The patient had a fracture of the thigh of three weeks standing, and was apparently doing well, when chill, sweats, lung consolidation, etc., etc., ushered in a fatal attack of pyæmia. A post-mortem revealed osteo-myelitis and general pyæmia manifestations. As possible explanation of Dr. Wilson's case is, the patient had been on board-ship for three weeks after his injury where the treatment must have been of the crudest description. Dr. Eskridge called attention to the endocardial trouble found in septic disease, which he had been taught as a student to consider was of an ulcerative form, and of fatal prognostic import.

He had however seen two cases which presented all the symptons of ulcerated endocarditis; but which had recovered; while in two others with a similar clinical history, post-mortem examination revealed only a simple non-ulcerative endo-carditis. Dr. Shakespeare asked whether this condensing ostitis might not have been due to a previous syphilitic trouble.

MILWAUKEE COUNTY MEDICAL SOCIETY.

Regular meeting, Jan. 8, 1884, took place at residence of Dr. N. Senn.

Fifteen members present.

Dr. F. H. Day, president, in the chair.

Minutes of last meeting read and approved.

Dr. Connell, Supt. of the County Hospital, elected a member upon approval of the board of censors.

Dr. N. Senn gave a demonstration upon a dissection of the anatomy and surgical relations of the iliac arteries and veins and their branches in the iliac region. Presented the patient upon whom he performed ligation of

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the left common carotid artery for relief of an eroded aneurism of the internal carotid or inferior maxillary artery. The operation was made with a double ligation with short bloodless space between the ligatures in the lower third of the artery and under antiseptic conditions. Recovery was rapid and was remarkable in that no brain symptoms were manifested following the operation.

The paper for the evening was then read by Doctor N. Senn, on "Thrombosis and Embolism."

The anatomy of the three coats of the arteries was considered at length, mention being made of the recently discovered longitudinal muscular fibres. Dr. Senn explained at length the various theories in regard to the anatomy, derivation and character of the endothelinim and the characteristics and value of the fibrin in and out of the body.

A careful explanation was made of the differences of appearance of ante-mortem and post-mortem clots, and the causes of the production of thrombi not produced by surgical operation – naming and explaining particularly atheroma, chronic inflammation of the endothelium, pressure of tumors on the vessels, the granular degeneration of organs and fibroplastic changes in the arterial walls, (the fibrosis of Gull.) The treatment of thrombosis and the various theories with regard to the process of organization of the thrombosis were then explained at length, particularly the organization of the thrombosis from proliferation from the endothehim and the formation of cacatrices in vessels; from the prolifeartion of connective tissue cells in those cases of ligation of arteries in which no thrombi form.

Dr. French asked in regard to the causes of coagulation.

Dr. Day asked as to the advantages of two ligatures, and as to whether the inner coats of the arteries were ruptured or not.

Dr. Senn replied at some length to these questions, and spoke of the use of the broad or ribbon ligature of Paré and Von Bruntz.

Dr. Farnham offered some remarks on the subject of organization of the thrombus, and particularly on the theory of its organization from the endothelinim. Discussion declared closed.

Dr. Senn offered a resolution recommending that the president appoint a committee to take under advisement the matter of furnishing the county judge with a list of names of physicians capable of examining the insane.

The President appointed Drs. N. Senn, Fisher, Farnham and Day.

The Society adjourned to meet January 22, 1884, at the residence of Dr. H. M. Brown.

Essay by Dr. Brown on Anatomy and Dislocations of Shoulder.

Dr. French to lead the discussion for the evening on Abcess of the Uterine Appendages.

H. M. Brown,
Secretary.

ITEMS.

A post-graduate school has been organized in Baltimore.

A female physician has been appointed to a position in the Indiana State Insane Asylum.

Dr. J. S. Billings has been placed in charge of the Army Medical Museum at Washington.

The new biological laboratory of the John Hopkins University, Baltimore, was formally opened Jan. 2d.

In a family where diphtheria prevailed cats were discovered with the characteristic diphthritic membrane.

Those desiring to contribute to the proposed Sims monument can forward subscriptions to Dr. Fordyce Barker, N. Y. City.

Dr. Willard Parker is 83 years old; Alonzo Clark, 80; Isaac E. Taylor and Austin Flint, 71, and Frank H. Hamilton, 70.

The Bellevue Hospital Training School for Nurses has graduated twenty-seven young women. T. G. Thomas delivered the valedictory address.

A recent discussion in the Société de Chirurgie, Paris, evinced that the members were not favorable to suture of the fragments in treatment of old or recent fractures of the patella.

The Board of Trade of Philadelphia Druggists has passed a resolution, that its members shall not keep or deal in such proprietary medicines as are sold to individuals engaged in other kinds of business than dealing in drugs.

A New Candidate for Honors appears among the medical journals under the title of The Kansas City Medical Record. It is a monthly publication and began its existence Jan. 1, 1884. Its editors and proprietors are Drs. A. L. Fulton & G. Halley.

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THE WEEKLY MEDICAL REVIEW.

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EDITORIAL CHANGE.

DR. D. C. GAMBLE'S RESIGNATION of the St. Louis Editorship of this Journal is accepted by its publishers with regret. The success of the REVIEW has been largely due to Dr. Gamble's intelligent and conscientious co-operation, and we know that our readers whilst they will be pleased that the doctor's growing practice demands his entire attention, will be sorry to see him retire from the editorship. We hope, however, to be favored with frequent contributions from his pen, and that he will not be entirely lost to the readers of the REVIEW. In parting, we wish him the best of success, and hope his lines will always be cast in pleasant places. The following is Dr. Gamble's letter of resignation:

ST. LOUIS, JAN. 31ST, 1884.

MESSRS. J. H. CHAMBERS & CO.,

GENTLEMEN.—When in February, 1883, you assumed control of the WEEKLY MEDICAL REVIEW, you requested me to take charge of the editorial work in this place, arrangements having been made for part of it to be done in Chicago. I agreed to comply with your request, and to remain with you for a year. The specified time having now elapsed, and other interests requiring my exclusive attention, demanding it, I feel constrained to tender you my resignation, and to ask that it may take effect with the last issue of this month.

In severing my connection with the journal I take this opportunity to congratulate you upon the success which it has achieved in the year just past. The number of its friends has largely increased as evidenced by the unparalleled growth of its circulation, and the position it now occupies is one of constantly increasing usefulness. To the attainment of this result it will always be a source of gratification to me that I have been able to contribute some little.

To Dr. Julius Wise, whom you have selected as my successor; and, who, let me say here for the benefit of the readers of the REVIEW has already had considerable experience in journalistic work, and is thoroughly acquainted with the duties of the position to which he has been chosen, I now resign my pen, asking for him the same consideration on the past of the collaborators of the journal as has been shown to me.

Hoping for the continued prosperity of the REVIEW I subscribe myself,

Yours respectfully, D. C. GAMBLE.

In assuming the St. Louis editorship of the REVIEW it is my intention to use every effort to sustain its present high standard, and to make such improvements as the progress of the times demand; to the attainment of this end, I ask the kindly aid of all its readers and contributors.

The indulgence of our readers and contributors is asked for the present number of the REVIEW. A change of type, compositors, proof-readers and editor has caused some confusion in the office, and a number of typographical and other errors have crept into this issue. We will do better hereafter.

Respectfully, JULIUS WISE.

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Cutaneous Faradization in Locomotor Ataxia is growing in favor, and the microscope is revealing a reason by which in certain cases, at any rate, this method of treatment may be explained. In the Review of the 29th, December last, the history of two cases were given, translated from la France Médicale, when the autopsy revealed no change in the spinal column but an extensive degeneration of the peripheral nervous system was found to exist. We remember hearing at the Chicago Medical Society, about two years ago Dr. Kempster of the Northern Hospital for the Insane, maintain that cases of advanced locomotor ataxia had been under his observation in which the autopsy revealed no lesion of the spinal cord, but no mention was then made of the peripheral nervous system. The Med. Record of the 19th Jan. quotes two cases of D. C. Engelskjön's, in which cutaneous faradization was successfully adopted in this affection. The first, a woman of thirty-nine years of age, with an affection of three years standing. Her first symptoms were a difficulty in going up stairs and a sensation of falling backwards; six months later she could not stand when her eyes were closed and she began to complain of pains in the limbs. The most varied plans of treatment were tried without effect, and her condition continually grew worse. It was then that a trial was made of a strong faradic current applied to the skin of the forearm. The effect was almost instantaneous. The pains, which had been excruciating, were relieved at once, and although they soon returned, were always driven away by a reapplication of the current. This treatment was continued twice a day for several months, at the end of which time every trace of ataxic walk had disappeared. There was some question in this case whether the symptoms were not hysterical, but the author thought that they were not. The second patient was a man, forty-seven years of age, who gave a history of syphilis twenty years previously, and who had had symptoms of tabes for seventeen years. Electricity, applied in the same manner as in the former case, was successful in quieting the pains though at the time the report was made the treatment was of too short duration to allow of any marked improvement being noticed in the other symptoms. And the author had but little hope that any permanent result would be obtained owiug to the length of time that the disease had existed. While he was pursuing these investigations Dr. Rumpf published a paper in the Neurologisches Centralblatt, describing the same method. Dr. Engelskjon found that the same effect was produced by the galvanic current applied in the same way, and further, that it was due solely to the peripheral nerve irritation, as the same, or even more striking, results, as regards the quieting of the lancinating pains, followed the application of a mustard plaster. He stated that cutaneous faradization has no therapeutic value in those cases of locomotor ataxia, the first symptoms of which are referable to atrophy of the optic nerve.

The Comparative Value of the Various Tests for Albumen in Urine has been elaborately investigated by Dr. C. W. Purdy, of Chicago, and published in the Jour. Amer. Med. Ass'n. Dr. P. find that there is a marked difference in the behavior of egg albumen and serum albumin. The serum albumin for observation was obtained directly from the blood and also from the serum of a cantharidal blister. The Doctor sums up his observations in the following six deductions; before giving them, however, we must confess to an inability to see how, sixth deduction, the microscope is to determine the quantity of albumin which must be considered pathological.

First:—That certain of these newer tests, as the potassio mercuric iodide, sodium tungstate, picric acid, and perhaps the brine and ferrocyanic, will detect serum albumin in more minute quantities than will be heat and nitric acid test.

Second:—That the most delicate and reliable of these, and possessing the fewest objections, are the potassio mercuric iodide and sodium tungstate tests.

Third:—That the test papers of Dr. Oliver, especially the sodium tungstate and potassio

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mercuric iodide, are handy measures for preliminary examinations of urine at the bedside of the patient for determining the presence of albumin in the urine.

Fourth :—That to be entirely reliable, the correcting influence of heat must be employed in applying all these newest tests.

Fifth :—That the potassio mercuric iodide, and sodium tungstate tests, and also the test papers of Dr. Oliver, are undoubtedly valuable acquisitions to our resources; inasmuch that through their greater delicacy and more ready applicability, they are likely to lead more frequently to resort to the microscope, and thus detect the early stages of certian forms of nephritis, which might otherwise escape observation, till to late too save or prolong life.

Sixth :—That the question of the near future, as to albumin in urine is likely to be, not only is it present, but what quantity of albumin in the urine constitutes a pathological condition? and this question must be largely determined by the microscope.

Corneal Ulcer is said by a Paris correspondent to be treated, by De Wecker, by the use of a protective shield, made of glass, and introduced behind the lids. We do not expect that this practice will be followed by any but those who are carried along by the influence of a popular name. It will probably be soon consigned, even by De Wecker himself, to the same oblivion which his gold wire operation in the case of detachment of the retina has been consigned.

Any Additional Means of Diagnosis of Cancer of the Stomach is always of value. The following statement is credited to Rommelaire: A cancerous ulceration of the stomach is attended with diminution in the amount of urea excreted per diem, and also of the urinary chlorides. Simple gastric ulcer is associated with normal azoturia, if that expression be allowed, or even hyper-azoturia, and the chlorides are of normal amount or in excess. Spreading gastric ulcer is accompanied by normal or hyper-azoturia, but with decrease in the chlorides of the urine.

The Demonstration of the Bacillus Tuberculosis is a question which the general practitioner can no longer conscientiously ignore. No matter whether he is still in doubt of the bacillus being the prime cause of the affection, the invariable association of this minute organism with phthisis even in its early stages and the comparative ease, after, of course, a little experience, with which its existence can be demonstrated renders it absolutely incumbent on the physician to take such steps as in doubtful cases of the respiratory organs in particular, shall at any rate demonstrate the presence or absence of the organism in question. It is not enough that even the general practitioner, much less men who hold positions of influence in our schools or clinics, take the position of waiting for further developments. They are in duty bound, if not inclined, or are not capable, or have not the appliances at their disposal to value the investigations personally, to employ others who can and will. And it is astonishing how the force of the argument which their presence presents, increases when the various steps of their demonstration are repeatedly watched. The all important feature of the case lies in this that the existence of the bacilli can in many cases at least be demonstrated before the stethoscope reveals any abnormal condition. And if any influences can be brought to bear on the case it is certainly at this early period.

Proofs of the above might be adduced from various sources, several such having come to give weight to, under the writer's personal observation, but to the question we quote instances from Prof. German See's lecure as quoted in the Med. and Surg. Reporter: A man, aged nineteen years, presented himself at the Hôtel Dieu on the 13th of September, with all the signs of acute lobar pneumonia. At the end of nine days defervescence did not regularly establish itself; we examined the sputa and found bacilli. The diagnosis of tuberculosis was made, and by the 1st of October there were marked signs of cavities in the lungs. The same history will apply to another patient affected with pneumonia of the right lung,

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which was at first regarded as simple and benign. At the end of the three weeks, complete defervescence not taking place, we examined the sputum, and after three unsuccessful trials, we found the bacilli in sufficent abundance, and all signs of true phthisis soon declared themselves. The same thing may happen in the case of bronchial patients. A young man, eighteen years old, took a violent cold, a cough set in for the first time in his life, and he entered the Hôtel Dieu; we recognized on examination only the chest signs of simple bronchitis. We examined the sputa and found bacilli. The patient at the same time got better, and thought himself almost well, when we found at the right apex moist crackling, followed by loud bubbling rales. A man of sixty-eight years of age entered the service of M. Hayem, with a cough that had lasted a fortnight; auscultation and percussion revealed only the signs of bronchitis, but the sputum contained bacilli. Three days afterward the patient died, and the autopsy disclosed tubercle granulations in the lungs. The same remarks are applicable to many cases of laryngitis. A man of forty years of age was attacked several weeks previously with laryngitis. The examination of the different organs did not give any clue to the nature of the disease, whether simple, tuberculous, or alcoholic; The sputa contained a certain quantity of bacilli, and the diagnosis of tuberlosis was made. The result proved the correctness of the diagnosis. It is well known that pleurisy often ushers in tuberculosis, but it is seldom that an accurate diagnosis can be made from the first. In these cases examination of the liquid in the pleural cavity, whether pus or serum, would be likely to render valuable assistance. M. Rabinski, interne under M. Vulpian, has communicated to me the following interesting observation: A patient, afflicted with purulent pleurisy, remained four months in a condition sufficiently grave, without, however, any evidences of tuberculosis by the ordinary physical signs. M. Dejermie examined on three occasions the liquid of the pleural cavity, and once only he succeeded in finding one solitary bacillus. Three weeks afterward humid cracklings were heard at the apices, and a new examination of the pus from the pleural cavity revealed the presence of numerous baccilli. The autopsy showed later that the disease was tuberculosis.

3. A third category of phthisis difficult of diagnosis, comprehends pseudo-phthisis with cavities, due to causes other than tubercles; a tumor, an ulcerated syphilitic gumma, bronchiectasis, etc. In these cases the symptoms remind you of advanced phthisis, but the examination of the sputa, in showing the absence of bacilli, suffices to settle the diagnosis, and saves you from mistake.

The following case is an instance in point:

A man reduced to the last degree of physiological wretchedness, entered the Hôtel Dieu with the signs of a cavity at the apex of the lung. As this patient had no fever, we had doubts as to the tuberculous nature of the disease, and examined the sputa. Not a single bacillis could be found. At the end of a month the patient recovered his appetite, his general condition was materially improved, and he shortly left the hospital, to all appearances cured. M. Debove and M. Moussen have published similar cases.

Finally, the detection of bacilla in the sputa has enabled us to solve a much-controverted question of pathogeny, to-wit, whether the chronic catarrhs of diabetic patients are due to phthisis, or have a quite special etiology. The researches of Sommermann, of Rutemeyer, of Leyden, of Merkel, of Reigel, in showing the presence of bacilli in the sputa of such patients, have proved that the phthisis of diabetes is a true tuberculosis.

There is further a business aspect of the case which we have not yet seen referred to, namely; the examination of doubtful cases of this kind when applying for life assurance. This is matter of so much financial importance to the managers of the insurance business that we are astonished that they have not yet made the matter obligatory on the part of their examining physicians at any rate in doubtful cases. This question was the more forcibly brought to our minds some eight months ago, when a patient presented himself. complain-

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ing of some catarrhal difficulty. He manifested symptoms relating to the conformation of the chest which were markedly suspicious of phthisis, and in the course of investigation he stated that he had lately been thoroughly examined by the life insurance company for an increase of $10,000 in his policy. The examining physician making the remark at the time that he ought to be consumptive but that he failed to detect the proof of it. The examination of the sputum, however, revealed unquestionably the presence of the bacillus. Even supposing the insurance companies did not see fit to act upon such at present the record of such facts would be of great valne in determining the average duration of life after the development of such a phenomenon.

TUBERCULAR CEREBRO-SPINAL MENINGITIS.—Dr. J. T. Eskredge, (Journal of Nervous and Mental Disease, April, 1883), concludes: Tubercles occur in the cerebral and spinal meninges, but are most frequent in the first. While tubercular deposit may first occur in the spinal meninges and extend to the cerebral, the reverse is usually the case, tubercular cerebro-spinal meningitis causes special symptoms. Many cases of "sporadic cerebro-spinal meningitis are probably tubercular in nature. Paralysis or contraction may be due to either or both brain and spinal lesions. When cerebral fever simulates the periodicity of malaria the lesion is in the cerebral cortex or meninges, or in position to exert pressure upon these ventricular effusions, does not give rise to paralysis or contractions. Frequent sections of tubercular meninges are often required to detect the deposit. Right or left side of the head may in turn be the warmest in health. When surface thermometers are used the normal averages should be taken to be 1° to 1.5° higher than those given by Dr. L. C. Gray. The head temperature in cerebral disease may equal or exceed the heat of the axilla for a length of time. The head temperature in cerebral lesions is not marked by the sudden variations manifested by the axilla in these cases. Variations of head temperature in cerebral disease take place slowly. The tendency of head temperature to remain permanently above normal, while that of the axilla is normal or below, is the strongest evidence of organic disease. Brain lesions attended by congestion or inflammation have a higher local temperature than suppuration going on within the cerebral cavity.

NEGLIGENCE IN PRESCRIPTION WRITING, is very much complained of by druggists, who state that many prescriptions are not signed with the names of the writers, and that the number containing vague directions, or none at all, is on the increase. A prudent druggist desiring to exercise due caution, is frequently placed in an embarassing attitude towards his customer; he feels it his duty to assure himself that an active medicine is not to be given in excessive doses, and in asking questions runs the risk of impairing the confidence of the customer in the doctor's, or his own, ability. Again, when proper directions are not given the dispenser, has no opportunity of detecting errors on the part of the physician; and it is notorious that mistakes are being constantly made. A slip of the pencil may transform a drachm into an ounce, or similarities of names may substitute one drug for another. By writing specific directions, the druggist is enabled to act as a check upon any errors the physician may make. Every prescription should contain; 1. The name of the patient, and if it is a child, it would be advisable to state the age. 2. The date on which it is given, 3. Clear and exact directions as to administration. 4. The name of the physician. These rules are applicable to all prescriptions, but there are other obvious precautions which should be taken in special cases, as for instance, designating the fact when an unusually large dose of a poison is intentionally prescribed. If these few simple rules were followed, errors, fatal ones sometimes, would not be of such frequent occurence.

BALTIMORE IS TO HAVE a Polyclinic and Post Graduate Medical School.

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RECOVERY AFTER TWENTY-ONE YEARS OF MELANCHOLIA.—Dr. Howard (Journal of Mental Science, July 1883, p. 298), reports the case of a man who was admitted in 1860, suffering from delusional melancholia. Two years after he was demented and rarely spoke. In 1864, he was "demented and dumb." In 1868, was in the same condition mentally but had begun to assist the attendantsin house work. In 1870, when ill, he spoke but remained as usual. When well in 1875, he spoke in a low whisper for several months. His speech and intelligence in the ordinary sense of the term as during the latter part of it he did intelligently what he was told and expressed his wants in signs gradually returned and in 1876 he worked at histrade the asylum workshops. During the dumb stage of his existence he was not "demented" and sometimes by writing. On his recovery thirteen years were a blank. His aphonia arose from a belief that he had not power to give expression to his thoughts in articulate speech. In another case a young woman entered as a case of acute mania, remained in an excited state for nine years, sank into a condition allied to dementia and so remained for eighteen months. She was finally discharged after nine years of treatment. Sufficient details of these cases are not given to diagnose the psychosis. The phenomenon was known to the older American alienists "as mania or melancholia passing through dementia to recovery," a somewhat incorrect designation.

PROGNOSIS IN INSANITY DEPENDENT ON ARTIFICIAL FEEDING.—Dr. H. Sutherland (Journal of Mental Science, July, 1883), claims that: First: Prognosis is good when there is only a disinclination for, not a distinct refusal of food. Prognosis is bad when there is a persistent refusal of food. Second: Prognosis is good when disinclination and refusal of food depend upon some removable bodily cause. Prognosis is bad when the bodily cause is irremovable. Third: Prognosis is good when the refusal of food occurs during a first attack of mental alienation. Prognosis is bad if the refusal occurs during a second or subsequent attacks. Fourth: Prognosis is good if after once being fed artificially the patient takes his food naturally. Prognosis is bad if the patient requires to be fed more than once, recovery being less likely to occur in cases fed great number of times. Fifth: Prognosis is good if health and weight remain about the same; Prognosis is bad and there is a tendency to death if patient's lose flesh daily. If the patient gain flesh rapidly he is likely to drift into dementia. Sixth: Prognosis is good if the patient wishes to recover but is bad if persistent suicidal tendencies exist. Seventh: Prognosis is good if therapeutical treatment and feeding be resorted to early but bad if both be delayed. These conclusions are too positive they ignore the influence of the psychosis on prognosis which vitiates their value.

THE EIGHTH INTERNATIONAL MEDICAL CONGRESS meets at Copenhagen from the 10th to the 16th of August of this year.

HOLLOWAY, THE MILDIONAIRE MANUFACTURER of pills, gave as one of his last acts $500,000 to the hospitals of London.

MEDICAL SYMBOLISM has been well investigated and illustrated by Dr. T. S. Soyinsbrey in the Med. and Surgical Reporter of the 5th and 12th Jan. '84.

IF THE FINANCIAL CONTRIBUTIONS of the churches of the city of New York represents their faith in their hospitals it seems to be on the wane. A collection of $44,000 in 1879 is represented by a collection of about $14,000 in 1884.

SOME GOOD HAS OF LATE been done in Chicago in exposing some of those who advertising special knowledge and experience in certain affections associated with the genitals have been merely exacting money from the unwary. A Doctor Williams, better known as Dr. Lucas, has been imprisoned and fined for circulating obscene literature.

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IMPRISONMENT IN RUSSIA, as we stated a few weeks since, seems to be only another form of capital punishment; in the article referred to we gave some statistics showing that every prisoner in the prison at Tombs suffered from one or more of the contagious diseases, and that the mortality was simply frightful. A companion picture to this is now furnished, and it must be borne in mind that the objects of this inhuman treatment do not belong to the criminal classes, but are accused of political offenses, and in the majority of instances are persons who have been tenderly nurtured. The London Lancet says: "The treatment of the Nihilists in the fortress of Peter Paul at St. Petersburg, calls for a protest in the name of humanity. If a culprit deserve death and the laws of the country sanction capital punishment, then let the extreme penalty be inflicted, but with the utmost decency and promptitude possible. Should the authorities, however, think fit to commute such sentences or to sanction lesser penalties, such pretended mercy should be something better than a mere pretext to shield from public opprobrium the gradual torturing to death of helpless prisoners. Certainly medical men should have no share in such inhuman practices. The letter written in blood received from one of the noisome cells situated below water-mark in the prison of Peter Paul, and summarized by the Times of last Friday, has also been communicated to me, and I would call attention to some details not yet published in England. The food, which should be the same as that given to common criminals—but the amount is not specified in the regulations that apply to the political prisoners—is never enough. No tea is allowed; a little plain hot water is served for the prisoners to drink both morning and evening. But, either through defects in the water pipes, or from other causes, this water is always dirty, and sometimes fetid. There is a large proportion of sand in the prison bread, the gruel is generally mouldy, and on Wednesdays and Fridays, instead of cabbage-soup for dinner, they have pea-soup flavored with the coarsest oil. On Sundays a few shreds of meat are occasionally discerned in the soup. The diet and foul atmosphere soon produce diarrhœa and dysentery, followed by anæmia and scurvy. The elder physician, who has passed his eightieth year, never ventures into a cell; while his junior is so careful not to lay himself open to the suspicion of sympathizing with the prisoners, that he visits them surrounded by gendarmes and goalers, and does not dare to feel their pulses. He has, however, had the courage to reply to their complaints: 'Against your ailments we have no remedies'—an answer which, now that it has been made public, will probably cost him his post, if not his liberty. A lady suckling her child, Madame Jakmova, is stated to be left in an underground cell, to fight night and day with the rats that seek to devour her infant. Till the government has sufficient humanity to allow the medical officers to alter the diet and general regimen of their patients, it is mere hypocrisy to call in their services. The medical profession should resent this insult to their science. Their mission is to help to heal the sick, and not to aid a government anxious to rid itself of obnoxious political adversaries."

INSANITY FROM CARBONIC OXIDE POISONING. — Dr. R. Gnauck, (Laborite-Annalen 1883, S. 402), reports a case in which after carbonic oxide poisoning, there resulted a dementia with subsequent unsytematised delusions and silly talk. The patient died suddenly and marked cerebral changes, evidently of a secondary nature were found on autopsy. A second patient remained for twenty-four hours unconsious after the poisoning. For a month thereafter, dementia of the stuporous variety was present. In five months the patient recovered. Moreau (de Tours) has observed similar cases.

AN OBSTINATE CASE OF HICCOUGH, which had lasted three months, was cured as if by magic by the hypodermic injection of three centigrammes in solution, of hydrochlorate of pilocarpine. Dr. Ruhdorfer is the reporter of the case.

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CONTRIBUTIONS.

THE BACILLUS TUBERCULOSIS AND THE ETIOLOGY OF TUBERCULOSIS. IS CONSUMPTION CONTAGIOUS.

Second Communication. Read before the Philadelphia County Medical Society, November 14, 1883.

BY H. F. FORMAD, B. M., M. D.,

Lecture on Experimental Pathology and Demonstrator of Morbid Anatomy in the University of Pennsylvania; Mutter Lecturer in the College of Physicians of Philadelphia.

GENERAL CONSIDERATION.

A little over a year ago* I had the honor of presenting for your consideration some anatomical points in refutation of the etiological relations of the bacillus tuberculosis. At that time I announced some original observations regarding the histology of scrofulous tissue, tending to place the question of heredity in tuberculous disease upon an anatomical basis. These peculiarties of scrofulous tissues, I submitted as elucidating the etiology of tuberculosis, showing that the peculiar histological condition of the individual, under the influence of simple irritants, and not the character of the irritant, is responsible for tubercular inflammation. It gives me pleasure to state that these observations have since been confirmed by several competent histologists, whose articles on this subject will soon appear in print; besides which, a general interest has been manifested by favorable comments both in America and abroad.

Shortly before the publication of these observations, Koch, of Berlin, had brought forward the discovery of the now famous bacillus tuberculosis, affirming it to be the sole cause of pulmonary phthisis, and other forms of tubercular disease, and claiming for it, besides exclusive pathogenetic properties, special morphological and chemical characteristics.

In my first paper, I denied some of these propositions upon grounds of personal investigation, and, subsequently, Koch's researches were also severely criticised by a number of other observers.

As interesting and valuable as the discovery of Koch is, from a biological standpoint, its practical value in my opinion is decidedly overestimated and has not nearly the significance for medical science which the enthusiastic followers of Koch ascribe to it. The influence of the discovery, was, however, great in strengthening the traditional and unwarranted belief in the contagiousness of phthisis, as held by a small part of the profession and community. On the other hand, this belief led to the popularity of the discovery. In this respect the bacillus theory has perhaps been harmful, and, taking the consequences into consideration, we should not accept such a theory without the closest scrutiny.

Two practical benefits may accrue from this discovery. The first is that the fear of the effects of the bacillus may induce greater cleanliness in hospital management and enforce improvement in hygienic matters in general. It is doubtful whether the removeal and prompt destruction of the sputum would have any influence in checking the spread of phthisis, as the disease is found as often, if not oftener, in the clean palaces of the wealthy as in the unclean huts of the poor. The second benefit resulting from the bacillus theory may be that physicians may become induced to make more use of the microscope in diagnosis; yet, in this respect, the general use of the microscope is hardly practicable on account of the thorough technic and experience required.

To-day, while the bacillus is acknowledged as a common morphological concomitant of tubercle, the pathogenetic properties are denied it by the best pathologists and clinicians, on account of a want of sufficient confirmation of the evidence thus far offered.

The followers of Koch's theory are, however, numerous, but they are recruited largely from the ranks of clinical teachers, bookwriters, and others possessing no opportunities for personal investigation.

It may be well to state that, upon my visit to Koch last summer, made with the purpose of doing justice to this important question, I was gratified in many respects. I found Koch an earnest and conscientious worker, and not as dogmatic and extreme in his views as would appear from his writings; nor is he as self-satisfied and as rash to jump at conclusion as are some of his followers. Koch has the co-operation of an excellent staff of assistants, all able mycologists; but it was a matter of surprise to me that there was not a single competent pathologist connected with Koch's laboratory; and such services are evidently much needed to give to the observations made there the proper interpretation from as biological and anatomical standpoint. I was also pleased to learn in Berlin that the discovery of the bacillus was exaggerated, not so much by Koch himself as by the Imperial Board of Health, which employs him, and by his over-zealous followers in his pro-

*Studies from the Pathological Laboratory of the University of Penn., xi; "The Bacillus Tuberculosis and some Anatomical Points which suggest the Refutation of its Etiological Relation with Tuberculosis, by H. F. Formad." Read before this Society, October 18, 1882.

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fession. There is stronge evidence, however, that Koch's investigations are biased by the determination to find for each specific disease a specific fungus.

Following are the various phases in the study of tuberculosis, I am sorry to see that the entire subject is now being considered from a purely etiological basis with reference to bacteria, while the study of the anatomical and biological relations is wholly neglected.

I admire the beautiful bacteridian discovies af Klebs, and particularly those of Koch in connection with the etiology of tuberculosis. The accomplishments these results is atriumph for mycology and scientific botony; but these studies are too much one-sided to have an application to scientific medicine. The bacillus is there! It is concomitant with most tubercular lesions. It is diagnostic of tuberculous change. It is, on account of its irritant properties, one of the causes of tuberculosis. But this forms no reason for asserting that tuberculosis should be considered a contagious disease, without further investigation and proof. A contagious disease can have only one cause. I cannot agree with those who define the predisposition to phthisis as being a condition of the organism which offers a favorable soil for the tubercle bacillus. Nor can I believe that inheritance is explained by subsequent infection from cohabitation; e. g., that children become scrofulous by living with consumptive parents.

The latest fruits of the bacillus studies have been inspired Baumgarten (Centralblatt. f. d. Med. Wis.. Aug. 4, 1883) and several others to come to the conclusion, in reference to the hereditary nature of tuberculosis, that the bacillus is transmitted in its larval state from mother to fœtus in intra-uterine life! One would think, however, that one of the most wonderful effects of the turbercle bacillus is manifested by the change it produced in the direction of the reasoning of some of our pathological and clinical investigators, both at home and abroad.

Some of the younger pathologists are even affected by a regular fanaticism for bacterian studies in tuberculosis. These studies now take the place of their former excellent pathologico-anatomical studies. Consideration is no longer given to the tissue changes, or the nidus which invites the bacteria and nourishes them. In fact, Koch's followers in their enthusiasm exaggerate matters, and, to Koch's own amusement, go further in their bacillus speculations than he himself thinks justifiable. It is really painful to read how some of the younger German pathologists, and a few of the prominent English surgeons, under the influence of the bacillus craze, will make, in their publications, assertions entirely unwarrantable. They describe, for instance, with the greatest ingenuity and exquisite minuteness, how "one or more bacilli" will produce certain histologcal changes in the lungs or in the peritoneum, designating the exact route to the same; how the different cells, the lymphatic and the blood-vessels are affected; how the bacilli convert one variety of cells into another; how they manufacture giant cells and cheesy material; how acute and chronic phthisis is produced by the bacilli, and the quantity necessary for each; how tubercles develop only and exactly in those places where the bacillus becomes lodged; how, if bacilli alone are inhaled, miliary tubercles form; and how, if the bacillus is accompanied by some other irritants, a broncho-pneumonia will ensue.

All the above statements are made by scientific medical men and pathologists, and offered as broad facts, in full earnest! I only have to say that here evidently observation is substituted by imagination and speculation; and all this is done for the sake of the convenience in explaining a disease by pretty hypotheses.

The only men who attempted to repeat Koch's experiments, besides the work done in the pathological laboratory of the University of Pennsylvania, were Spina, Studien über Tuberculose Wien, 1883 and Watson Cheyne. Of the latter two scientists, Spina came to results entirely differenl from those of Koch, and they disprove beyond doubt some parts of Koch's hypothesis. From an analytical and critical point of view, Spina's studies of tuoerculosis are excellent, but the technical part of his investigation is deficient, and hence not satisfactory. Watson Cheyne, to whom the "British Association for Advancement of Science by Research" had entrusted the investigation of tuberculosis, and the testing of Koch's researches, did not do justice to his mission. From Cheyne's report (The Practitioner, April 1883) it is seen that he made no earnest attempt to study the nature of tuberculosis, because all he did was to study and experiment with bacteria met with in tuberculous lesions. He went to see some of the different mycologists, consulting only believers in the germ theory; obtained some French and German bacteridian material, and, after testing the same, he reports with great emphasis that Koch's bacilli are a more genuine tubercular virus than Klebs' or Toussaint's micrococci. He did not inquire, nor did he care, whether tuberculosis may have any other cause! He simply imitated some of Koch's experiments with the bacillus material

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in rabbits and guinea-pigs (only), and obtained, of course, the same results. Furthermore, he made some control experiments, which, as I will show, pass for naught, as they are much more deficient than those of Koch.

There are a number of excellent studies in reference to the occurrence of bacilli in the sputum and in tuberculous tissues; but the main part of Koch's hypothesis, i. e., the etiological relation of these bacilli to tubercular disease, remains still unconfirmed.

My own researches on tuberculosis were made from a standpoint different from that of Koch, and they were undertaken five years ago, being carried on continuously since that time by myself and assistants. My object was to investigate the natural history of the disease, without being influenced by any preconceived views. While due attention was paid to external agencies in the production of tuberculosis, the part played by the animal or human organism itself, the behavior of its component cells, and the primary changes in the tissues, were not lost sight of.

I may state that I was fortunate enough to be able to utilize the material of over four hundred cases of tubercular disease from the autopsy table, including a number of cases studied in the pathological institutes in Europe at various times.

My present research on tuberculosis with special reference to the bacillus question, was carried on during the last year and a half, under the auspices of the Provost of the University of Pennsylvania, Dr. Wm. Pepper. This communication should not be considered a report on my investigations, as these are not yet concluded; but a detailed report of these investigations will be made next summer. Some of the positive results achieved will, however, be referred to in the present paper; otherwise it merely embodies a general critical survey of the question of the etiology of tuberculosis, based upon a careful perusal of the literature of the subject and upon personal observation.

I may state at the outset, that, while the results of my observations force me to-day to make some concessions to Koch, namely, that his bacillus, on account of its irritative properties, can produce tuberculosis under certain conditions, I am firmer than ever in my former conclusions, from the results of repeated observations, that tuberculosis may arise from other causes. The bacillus may be one of the causes, conditionally, but it is not THE cause. The questoin of predisposition stands in the way of the acceptance of the bacillus theory. Furthermore, I will try to show that tuberculosis is not a contagious disease, and it is particularly in reference to this that I am glad to bring the present subject before the Society, desiring to profit by the discussion which is to follow as a result of the experience and the clinical observation of the individual members of the Society.

The question of the contagiousness of phthisis is one of supreme importance, not only from its scientific, but also from its social aspects.

For convenience in treating the subject of the etiology of tuberculosis, I shall speak of it under the following headings:

1. The definition, the anatomical character and the etiology of tubercular lesions, including pulmonary phthisis.
2. The predisposition; the predisposing conditions; scrofulosis.
3. Tuberculosis without predisposition due to inflammation of serous membranes.
4. Question of contagiousness; clinical aspect.
5. The bacillus tuberculosis.
6. Experiments—"pro" and "contra;" traumatic tuberculosis. Conclusions.

All these considerations will have to be, of necessity, very brief.

I.—The Definition, the Anatomical Character and the Etiology of Tubercular Lesions, including Pulmonary Phthisis.

No definite understanding concerning a disease can be arrived at unless some fixed conception of the anatomical characters and various expressions of the lesions of that disease is formed. Thus, as regards the question of tuberculosis and pulmonary phthisis, the matter would be much simpler if a general understanding could be arrived at as to the definition of tuberculosis and phthisis in its different anatomical manifestations. The pivot of the question is, what to call a tubercle, or a tubercular lesion.

The traditional conception of a tubercle being a miliary node, the belief is that nothing is tuberculosis unless expressed by nodes, and that everything is tuberculosis that appears to the eye as containing nodes. These misconceptions are what bring the confusion and prevent the settlement of the question of tuberculosis, both at the post-mortem table and in the hands of the experimenter.

One of the results of this confusion is that some clinicians divide pulmonary phthisis into catarrhal, cheesy, fibroid and tubercular proper, because they do not see tubercle nodules in some of these forms of phthisis. They seem not to be aware of the fact that miliary tubercles do not belong necessarily to

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the picture of pulmonary phthisis; and, on the other hand, that those nodes which occasionally appear as miliary tubercles are not miliary tubercles at all, but are only miliary foci of broncho-pneumonia, due to aspiration, as will be explained later. Miliary tubercles, if at all present, usually form a part of a general disease, a tuberculosis of the whole body. In rare instances, when the miliary eruption takes its departure from the lung, the miliary nodules may be limited to the lung.

A more serious matter is the mistake that experimenters make of interpreting as tubercles the so-called inhalation tuberculosis, artificially produced in animals by means of a spray with tuberculous and other matter. The nodules produced in the lung under these circumstances are not miliary tubercles—in fact, no tubercles at all. They are simply miliary broncho-pneumonic foci, limited to those terminal collections of air-vesicles, called acini, in which some of the inhaled irritative material became lodged. The natural round boundaries of these acini correspond exactly to the usual size of miliary tubercles, and appear as such even under the microscope, although filled merely with an unorganized inflammatory exudate. The uniform distribution of these foci is due to the fact that the inhaled irritating particles are distributed only to individual and the most accessible bronchioles and acini, thus simulating a true miliary tuberculosis of the lung. Similar broncho-pneumonic foci occur in the human lung from self-aspiration of tuberculous material from a primary focus to some other portion of the lung or throughout the whole lung. This was proven long ago, but the inhalation experimenters appear not to be aware of that fact. Careful personal observations and experiments, to be recorded in my forthcoming report, have convinced me that such inhalation experiments prove nothing, either for or against the contagiousness of tuberculosis, in connection with which they have been brought forward as the strongest affirmative proofs. Furthermore, it must also be remembered that the so-called experimental inhalation tubercles, as a rule, remain local.

On the other hand, miliary nodes or tubercles are met with, not only in tubercular lesions, but also in a variety of similar and dissimilar lesions, such as pearl disease or bovine tuberculosis, lupus, leprosy, glanders, actinomycosis, chancre and gummata, cancer, typhoid infiltration, lymphomatous and leukæmic. All these lesions, even cancer ("miliary carcinosis,") are able to give rise to exquisite miliary disseminations, or eruptions, although these are most frequently observed in tuberculosis. We already recognize leprous, lupous, glanderous, syphilitic and other tubercles, in contradistinction to tuberculous or scrofulous tubercles.

To the above nodular formations may be added a variety of minute inflammatory foci of granulation tissue, organized around minute foreign bodies introduced experimentally into various tissues; also, "false tubercles," such as mere unorganized collections of lymphoid cells, held together by some fibrine or by some artificial or natural round boundaries, such as is the case with the referred to "inhalation tubercles;" and further, also, the eruption and follicular enlargements in the skin and mucous membranes.

The question now arises, how to distinguish between these various kinds of nodules, apart from their clinical features. They may all undergo a cheesy or a fibrous change, may calcify, and may contain giant cells. In all, bacilli may be found if a cheesy change occurs, or tends to occur, *save in cancer and in leukæmic formation. Without desiring to appear skeptical, I must say, however, that it takes the skill of a Koch to differentiate sometimes the bacilli met with in the various kinds of nodes, even after applying all micro-chemical tests.

The true tuberculous tubercles occasionally do not show any bacilli whatever, as I will prove from personal observation, and from the reliable testimony of others. It will also be shown that the only test now left for determining the pathogenic peculiarity of tubercle —namely, the asserted exclusive property to produce tuberculosis—is conditional and uncertain, since substances, not tuberculous, may, under similar condition, have the same effect.

Therefore, it is impossible to define tuberculosis, either by its anatomical peculiarity or by the pathogenic property of its nodes.

Another important point in the natural history of tuberculosis is the cheesy degeneration of its products; but here, again, we are surrounded by difficulty if we take only the cheesy product into consideration, because all the lesions mentioned before as being characterized by, and as being capable of, nodular eruptions, have the tendency to undergo cheesy change. Besides this, simple inflammatory products have been observed to undergo a similar change, as is instanced by that form of cheesy hepatization, sometimes following croupous pneumonia, and also by certain forms of rapid necrotic changes, such as occur in acute septic inflammations, designated lately by the name coagulation necrosis. It must, however, be remembered that the

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total absence of cheesy masses in the body of tuberculous subjects has been observed.

To tell tuberculosis from allied lesions is only possible after a consideration of the soil in which it develops, and the location of the products, together with the clinical and anatomical manifestations.

What is the origin of tubercle nodules?

The primary occurrence of miliary tubercle nodes is, to my mind, very questionable. I have never seen it occur without the co-existence of diffuse granulation tubercle. This all granulation tubercle is recognized by as being a simple inflammatory granulation tissue, characterized by cells somewhat larger than ordinary lymphoid cells, containing usually giant cells, but undergoing very readily cheesy change on account of its deficiency in blood-vessels. This tissue is regarded by most pathologists as secondary to miliary tubercles; but I think, after careful observation, that the reverse is the case; because I have never seen upon the post-mortem table, or in animals, primary miliary nodes without the granulation tissue, while the granulation tubercle tissues does exist very frequently without the nodes. Moreover, primary miliary tuberculosis is unknown.

That tubercle is primarily a simple granulation tissue of inflammatory origin has been proven experimentally. E. Ziegler (Centralbl. f. d. Med. Wis., 1874. No. li) made the following interesting experiment: He inserted below the skin or into the peritoneum of animals, a number of pairs of glass covers, each pair glued together in such a manner that between them there existed an interspace just large enough to allow the entrance of white blood corpuscles; and these corpuscles, not being severed from the body of the animal, then formed a tissue between these plates of glass, which, upon removal after various periods, could be readily examined under the microscope, and the conditions of tissue formations traced. Under these circumstances it was observed that whenever blood-vessels had developed in the new-formed tissue between the glass plates, an organization of the cells into a perfect connective tissue took place; but when the formation of blood-vessels had failed to occur, then a tissue simulating tubercle tissue was formed, made up of epithelioid and giant cells, and cheesy changes had occurred. Ziegler very properly declared the latter product to be tubercle tissue. I have had, and have at present, ample opportunity to corroborate the accuracy of these observations. Ziegler's experiments were repeated in the pathological laboratory of the University of Pennsylvania, by Hammer, and at present are being carried on by Woodnut. By these experiments, made with slight modification, after the method of Ziegler, under varying conditions and upon various animals, it was shown that the granulation tissue gradually gave origin to tubercle nodules. Furthermore, these experiments showed that the tubercle nodes and cheesy changes ensue without the action of bacilli, as the latter were found not to be present when proper care was taken, during the execution of the experiment, to exclude them.

From the examination of tubercular tissue from various sources, I may say that I have seldom succeeded in finding tubercle bacilli in newly formed tubercular tissue made up of small lymphoid cells. In older tubercular tissue, made up of opaque epitheloid cells and giant cells with a nodular arrangement, particularly when this tissue is undergoing necrotic change, bacilli are quite common, except in some forms of tubercles of serous membranes, to be referred to later. Tubercle tissue that has undergone a complete cheesy change, contains the greatest number of bacilli. Cheesy matter of any source is a dead substance, and it is usually inhabited by bacilli, if these get access to it; while other bacteria are scarce on this nidus.

Examination of materials from the autopsy table shows that tubercle expresses itself in various manners. Primarily, tubercle occurs as a mere infiltration of lymphoid cells in the adventitia of blood-vessels, or as as small nodular masses of lymphoid infiltration around blood-vessels or ducts of any kind; or tubercle tissue may organize within blood-vessels and various ducts. Sometimes tubercle appears as a diffuse lymphoid infiltration, extending over a larger area, showing a greater or less tendency towards the formation of nodes and cheesy or fibroid change, as in the lungs. Tubercle tissue may form masses of the size of a hen's egg, particularly in the brain and serous membranes. In the lungs, in the racemose glands, and in mucous membranes, catarrhal changes always follow the tubercle infiltration. On serous surfaces primary tubercles appear often as flat or nodulated patches of various sizes (in peritoneum), or as fungoid vegetations (in synovial cavities), or even as large plastic masses (in omentum). In the skin and mucous membranes, tubercles produce eruptions, ulcers or nodular indurations; in bones—caries, with abscess formation in surrounding parts (cold abscesses). Fibroid capsules, made up of connective tissue, due to reactive inflammation, enclose often smaller or larger tubercular masses, especially if these have undergone cheesy change.

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Primary tubercle manifests itself quite variously in different animals. In guinea-pigs and rabbits, it appears mainly as small cellular infiltrates; in dogs, it often undergoes a fibroid change; in goats, and especially in cattle, tubercle often forms large nodular, sometimes pedunculated masses which often calcify;* in birds it forms, preferably in the liver, large round mulberry masses, which, on section, appear sometimes as horny radiating structures.

Secondary tubercle presents an aspect entirely different from primary tubercle, and it manifests itself in nearly all instances in but one form, namely, as a fine miliary eruption representing those well-known gray semi-transparent nodules of the size of a millet-seed, called miliary tubercles. These seem to lie in the perivascular lymph-spaces, and are probably distributed throughout the body mainly by means of these lymph-channels of the blood-vessel walls. Tubercles do not occur in avascular tissues. There is, however, a second form of embolic or metastatic tuberculosis which evidently distributes itself by the blood-current proper, and it appears in the form of conical masses or round nodes which may reach the size of a walnut and are located usually at the bifurcation of arteries. No mention of this form of tubercle is made in text books, although upon the post-mortem table this variety of tubercle is a very common occurrence. Especially is it seen in the lung and, more rarely, in the spleen and liver.

Taking into consideration the enormous frequency of local tubercular lesions (counting pulmonary phthisis into this category), the occurrence of secondary or true miliary tuberculosis affecting the lining of even the whole peritoneal cavity, including its lymphatic glands, or that of the pleural sacs, or that involving one or both lungs, must, when occurring thus in but one locality, be considered a local tuberculosis. In such instances, the tubercle spreads by continuity of structure.

It is a fact, established by Virchow, that tuberculosis is at first a local disease, and only becomes generalized secondarily. This generalization does not affect the blood like in infectious diseases, but it takes place simply as an embolic process like in some tumors. Local tuberculosis in external organs and accessible lymph-glands is often a harmless affection. It is strongly related to primary tumors. Complete early removal of local tubercular lesions is practiced successfully in Europe. Volkman and others have removed, for instance, lymphatic glands, testes, and joints affected with fungoid synovitis, with the object of preventing secondary tuberculosis, and have thus prevented a general miliary tuberculosis.

Nor should a gloomy prognosis be given in early phthisis. It is astonishing what a large number of healed cavities and cicatrices in the apices of lungs are found on the post-mortem table, indicating the healing of phthsis in persons who long subsequently died from some other causes in later life.

We have seen that tuberculosis manifests itself quite differently as to structure, appearance, distribution and termination, in the various animals, and even differently in the various organs of one individual. Our studies have shown that these variations in the expression of tuberculosis depend upon the structural peculiarities of the various kinds of animals, and sometimes even upon the difference of the structure in animals of the same species. We have also seen that even in human beings tubercle tissue may manifest itself in various forms. In some individuals it develops rapidly, and spreads over large areas, becoming generalized and undergoing speedy cheesy change; in other individuals it develops slowly, fibroid change predominating; and in others the tuberculous product may calcify. In most individuals tubercular lesions may remain entirely local.

It is well known from clinical experience that the general condition of the organism has very much to do with the healing of a local tuberculosis. A local tuberculosis inflammation may heal or become arrested in its progress, if the patient "gets strong," or it becomes more developed and aggravated if his general health "runs down." Observation has further shown that any simple non-specific wound in a weak, ill-nourished individual, may fail to heal, becoming unamenable to treatment, and probably assuming a tubercular character.

In some animals spontaneous tuberculosis is unknown, and while some animals are easily tuberculizable experimentally, in others tuberculosis cannot be produced.

It is in accordance with experience that in a large number of families the predisposition to tuberculosis is hereditary, and that their members die promptly of phthisis at a certain age from the effects of a simple "cold," while in the history of other families this affection is unknown. Every individual is liable to ac-

*I have met with, on the autopsy table of the Philadelphia Hospital, two cases of tuberculosis in man that were identical in every respect to bovine tuberculosis. Dr. Creighton, of Cambridge, England, describes a number of cases from his own observation, and collected from literature. Bovine Tuberculosis, London, 1881.

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quire syphilis, small-pox, and other contagious diseases, but it is proven that not every one can have tuberculosis. A special predisposition and a special individual are required. In such an individual, a simple inflammation resulting from any cause whatever, can produce tuberculosis.

[To be Continued.]

GELSEMIUM SEMPIVIREUS.

DR. C. G. DAVIS.

Read before the Chicago Medical Society.

Dr. Davis read a lengthy paper on the above subject, which space forbids giving in full. The salient features are presented in the following:

To-night, I lay before you my recorded experience in regard to the action of a remedy, which for a number of years has been under my observation. * * * The writer then referred to the history of the plant, method of its discovery, and the manner of extracting the principle gelsemia, to which the remedy owes its medicinal action; as to the physiological action of the agent the author said, a number of interesting experiments had been made in the lower animals and on the human system. The most conclusive, however, are probably those experiments recorded by Prof. Bartholow, when administered in small quantities, sufficient to produce a sensible effect, it has a mild, soothing effect over the nervous system, manifested by mental quietude, a tendency to drooping of the eyelids, slightly muscular relaxation, slowing of the pulse and slight dilation of the pupil; though Prof. Ringer says this dilation is preceded by contraction. When the dose is much increased the symptoms are all intensified, and we see manifested double vision, giddiness, pain in the forehead, increased paralysis of the levator palpebræ muscles, causing drooping of the eyelids, labored respiration from partial paralysis of the respiratory muscles, muscular weakness and general sensibility much reduced. If the dose is still further increased, the symptoms are still more intensified, and we observe the eyelids are entirely closed from complete paralysis of the levator palpebræ muscles, the pupils widly dilated, not responding to the action of light, and vision entirely gone. Muscular paralysis is so complete that voluntary motion entirely ceases, respiration is labored, and the action of the heart weak and intermittent. Consciousness is retained until near the period of death, when it is lost from carbonic acid poisoning, the result of incomplete respiration. From these symptoms it is evident that the prime action of gelsemium is upon the nervous system, and its action is such as to warrant us in classifying it as a cerebro-spinal depressant, acting principally upon the motor centers. It would at first appear from observing the action of gelsemium on the spinal cord that it would be an efficient antidote to poisoning by strychnia. One excites to convulsions, while the other depresses to exhaustion. This theory is not proven to be true by experiment. These experiments have not been as complete and satisfactory in this direction as I could wish, but sufficient evidence is obtained to convince me that gelsemium is in no way antidotal to the effects of strychnia, and I am much inclined to believe, that, owing to the relaxing effects upon the spinal cord, when gelsemium is previously administered, the conditions are rendered more favorable for the action strychnia, and consequently its effects are intensified. As antagonistic to, and incompatible with the effects of gelsemium, we may rely upon alcololic and diffusible stimulants. Tannic acid and the caustic alkalies may be considered chemically incompatible.

THERAPEUTICS.

Acting as it does on the great central nervous system, therapeutically, gelsemium must have a wide range of application. In its native southern region, it has for many years had an extensive reputation as a remedy of great value in the treatment of autumnal malarial fever. After an observation of many years I have arrived at the following conclusions; first, gelsemium is not a direct antidote either chemically or physiologically to malaria; second, it does have a wonderful effect over the disease, owing to the relaxing influence it brings to bear upon the system, thereby increasing excretion and assisting to eliminate morbific materials. Third, I regard it as the great adjuvant of the salts of cinchona. In this respect, in my opinion, it nowhere has its equal. That gelsemium is at all curative of malarial diseases, in the sense that quinine is, I do not believe; and yet I have observed that many so-called chronic cases where the liver, kidneys and entire nutritive apparatus was torpid, were benefited or cured by this remedy. Its action in this direction, as I have before stated, I attribute to its influence over excretion, thereby enabling nature to throw off this disease through the natural channels. In convulsive diseases, particularly those where the trouble is dependent upon reflex irritation, I know of no remedy that so satisfactorily fulfills the indications. In my own practice the most favorable results

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have been obtained in this direction in the various diseases of childhood in which convulsions are manifested. Children, as we all know, from a sensitive condition of the spinal centres and increased reflex irritability, are more liable to convulsions than adults. To quiet this irritation, knowing the action of gelsemium on the motor centres, we would naturally select it as the remedy par excellence. As a remedy for meningeal inflammation of the brain and spinal cord, I regard it as of great value. In a severe case occurring in my practice, I began treatment by giving five drops of the fluid extract an hour, increasing to twelve, and finally fifteen drops an hour, resulting in entire relaxation, and disappearance of all convulsive action. The latter dose was maintained for several hours, and then as toxic symptoms began to be manifest, the dose was lowered, and he was kept under the influence of small doses for a week or more, and finally recovered. My own experience with the agent has convinced me that it is of little if any use in tetanic conditions. It has no effect within itself over epilepsy; but when used with the bromides it apparently intensifies their action. This I have verified a number of times in cases of epilepsy confined to children. Gelsemium may be used successfully in many of the acute inflammatory diseases. By lowering the temperature, and lessening the pulse-rate its natural tendency would be to lessen or retard the inflammatory conditions. I have used it in many cases of pneumonia and pleurisy, with beneficial results. It has a marked effect over the mucous surfaces. This I have seen frequently demonstrated by using it in gastro-intestinal catarrh, dysentery, and inflammatory conditions of the urinary organs. I have used it successfully in many cases to allay vesical irritability. No remedy has ever yielded such excellent results in rattlesnake bites.

DISEASES OF WOMEN.

Another application of this remedy, and one which may be considered of equal, if not greater importance than all others, is that which relates to the pelvic disorders of women and their attendant nervous disturbances. This declaration applies with equal force to both the acute and chronic states. The relaxing effect which it possesses over the uterus and its appendages, is something remarkable. In the first stage of labor, when the pains possess that peculiar, short, sharp, and irritating nature, which is so exhausting to the patient, and wearying to the patience of the physician, a few drops of the remedy will immediately change the features of the case, and enable the pains to assume a more steady and expulsive nature. When, owing to a hard, rigid and unyielding os, the labor is delayed from hour to hour, a similar administration will immediately produce relaxation and permit the labor to proceed without interruption. In many forms of dysmenorrhœa, its beneficial effects are equally noticeable. More especially, would I wish to call attention to the action of gelsemium in those cases of females, which have assumed more or less of a chronic form, and in which from a long continued condition of congestion, irritation and perhaps inflammation of the pelvic viscera. Gelsemium has a two-fold action upon the spinal cord. After having administered it for a number of years I am now prepared to positively assert that gelsemium is a stimulant, or perhaps I might say tonic, to the cerebro-spinal system whenever continued in small quantities. It has yielded the best result, in the nervous diseases of women, in connection with many derangements of the pelvic viscera. The writer cited a number of interesting cases, showing the effect of this remedy in women's diseases, and closed the paper with the following: These cases are illustrative of a large number in which I have used gelsemium in small doses, with beneficial results whether the influence this remedy has over the pelvic viscera is due directly to an impression on the spinal cord, or upon the sympathetic ganglion, is a matter of some question; but it is highly probable that it has a tonic effect upon the sympathetic ganglion as well as the cerebro-spinal centers. The action of gelsemium over the disorders peculiar to women, I regard as a subject of great importance, and well worthy the attention of the profession. In no subject of disease is there so great a diversity of opinion as here, and in no branch of medicine is there so great a demand for improvement in therapeutics. We bow with respect and admiration to the ideas and suggestions advanced by those who in past years have endeavored to formulate theories in regard to these diseases. Looking back over the history of gynecology with all the light of to-day and past ages thrown upon it, can we refuse to acknowledge that a large number, a very large number, of these diseases arise from a disturbed or depressed condition of the nervous system. We are living in a nervous age, and our spurious civilization rests heavily upon us. Dr. T. Garllord Thomas, in speaking of woman and her diseases, says: "The customs of civilized life have depreciated her powers of endurance and capacity for resisting disease." In the year 1850 Dr. Tilt, of London, affirmed that, "as

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a rule, pelvic diseases of women radiate from morbid ovulation." Can it be wondered at, that where the nervous system, the seat of nearly all the vital forces, is shattered; that nature should make an attempt to cut off the supply of sickly offspring by disturbing ovulation. This position of Dr. Tilt has been denied by many, but undoubtedly it contains the germ of truth. To-day I would go beyond this, and say that a large number, a very large number, of the pelvic disorders of women arise from a disturbed condition of the nervous system, which in turn produces morbid ovulation. It is in this way that I account for the action of gelsemium over these disorders. Its action is directly on the nerve centers—spinal and sympathetic, equalizing the circulation and giving tone to cell power, and by these means permitting free ovulation, and so relieving the congestion and inflamed condition of the other pelvic viscera. If this be true; if it does have this action, as is illustrated by the cases I have cited, I propound the question, may it not also be considered a remedy for sterility?

CASE OF TRAUMATIC TETANUS.

DANIEL M. BLOUNT, M. D.

Paper Read before the St. Louis Med. Soc., Jan. 19, '84.

Mr. Austin, a section hand on the railroad, while handling switch ties, suffered the misfortune of having one of them fall upon the arch of the instep of his right foot. Upon pulling off his boot, which was of heavy leather, he detected nothing but a slight abrasion about the size of a silver quarter, which was immediately over the os scaphoides. The sense of pain felt upon receipt of the injury was quickly followed by numbness of the foot. Being unable to replace his own boot he took a rubber one belonging to a comrade, put it on and resumed work, continuing his employment for about an hour, until the close of the day. He then walked half a mile to his home, ate supper, and did not complain of his foot hurting much until about 10 o'clock P. M., at which time he was seized with cramp in the calf of his leg, this was so severe and continous that I was summoned. When I arrived at the house, about 10:20 o'clock, the muscles of the thigh were also implicated. The leg was partially flexed on the thigh and the thigh on the abdomen. The man was crying out and groaning in agony, declaring he could feel the cramp creeping by stitches into his body. I immediately gave 20 ms. of solution morphia sulphate, 1 grain to the ʒ, that is ½ grain of morphia, hypodermically. As there was no apparent effect produced in twenty minutes, I repeated the dose with the pleasure of seeing my patient's suffering diminish within the next quarter of an hour. The spasm relaxed and the patient passed into a somnolent condition, during the existence of which I examined the foot to see the extent of injury. Found neither dislocation nor fracture; there was the slight abrasion I have spoken of and but little swelling. Applied a volatile and stimulating liniment, more to convince the by-standers that I was doing something to cure the sprain than aught else, wrapped the foot in cotton-batting, done it up in a bandage and elevated it on a board running out from the gluteal fold. My patient came to with a start, a cry and a cramp just as I had finished these arrangements. The cramp was so severe that I was obliged to use more morphia. I gave 10m with the effect of quieting him for a few minutes; he so on, however, got worse and cried so energetically for relief that I gave a fourth injection, the last of 15m. He then slept for half an hour, at the end of which time I left him, hoping the morphia given, 1½ grs., would enable him to pass the remainder of the night in ease. It was 12:30 o'clock when I left, two hours from the time I first saw him. At 1:30 A. M. I was called to his bedside again. I took a bottle of Squibb's chloroform with me. Found the patient as before, save that he complained of pain at his heart, and the flexors of the fingers, hands and arms were contracted. Spasm and pain yielded readily to inhalations of chloroform, the first deep inspiration affording relief. Complete subsidence of the spasm was followed by discontinuance of the anæsthetic for the period of three hours, during which time the spasm returned with increasing force and rapidity, and at shorter intervals after the cessation of the inhalations until from 4 o'clock it became necessary to give the chloroform almost continuously and to the full surgical effect. Its discontinuance once was followed by such severe spasm of the heart that respiration ceased for the space of perhaps a minute and I feared my patient was immediately going to tread the evergreen shores of which, in his moments of ease, he frequently spoke. At 4 o'clock, just prior to the severe spasm which warned me to not let up on the chloroform, I administered 30 grs. hydrate of chloral. At 4:30 I discontinued the administration of cloroform and my patient did not arouse for an hour thereafter. When he awoke he was calm; I immediately gave an additional 15 grs. of chloral and he was soon asleep again. Heavy walking, the slamming of a door, or, as happened, the knocking over of a small

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vial in the sick-room would cause him to start. Everything possible was done to keep quiet and fortunately a slight rain deadened the noise of passing vehicles. At 1:30 P. M., the day after receipt of the injury, Dr. Pinckney French, of Mexico, Mo., surgeon for this branch of the C. & A. R. R., who had been telegraphed for the night before, in company with Dr. Reed, also of Mexico, saw the patient. Chloroform was administered; these gentlemen examined the foot and concurred in my diagnosis of simple sprain followed by tetanoid convulsions. As the patient could not empty his bladder, Dr. French drew off the urine which was abundant and of normal or slightly augmented color. For the remainder of the day chloral was administered in 15 grain doses every four hours. Slight nausey followed the administration of the morphia during the night and vomiting succeeded the administration of chloroform at the last examination of the foot. At no time was the temperature changed or the pulse accelerated, although the volume of the latter was augmented when the patient was easy, the pulse feeling hard and incompressible during the paroxysms of pain. The intellect was clear throughout. Physically, he was much exhausted, although a powerful man. At 7 o'clock A. M. he was aroused and partook of an egg-nog, returning to sleep immediately thereafter without additional chloral. After that day the case recovered without medicine, save an evacuant and liniments. The spasms were tonic, continuous until overcome by the remedies administered; had chloroform been at hand I would not have given morphia at first and probably not at all; I am of the opinion that chloral would not have relaxed the spasm had it been given at first, but that it continued the relaxation produced by the last administration of chlorroform and thereby diminished the amount of chloroform necessary to be administered, the same as it does in obstetric practice. The use of chloral should, therefore, I think, in similar cases, be resorted to early.

Farber, Audrain Co., Mo.

CATARRH, FROM A LARGE CYSTIC TUMOR—REMOVAL—CURE.

BY E. FLETCHER INGALS, M. D.

[Prof. Laryngology Rush, Medical College; Prof. of Diseases of the Throat and Chest, Womans Medical College, etc., Chicago.]

In August last I was consulted by Mr. V. of Iowa, who stated that he had been troubled with catarrh, more or less for the past ten years and had been especially troubled during the past six months.

He complained of difficulty in breathing and obstruction of the left nasal passage, being able to inhale by considerable exertion, but unable to exhale at all through that side. He also stated that his hearing was not as acute on that side as on the other.

He had suffered previously from pleurisy and measles, but his general health was excellent, and from his history and symptoms I could find no satisfactory evidence of the causation of his present trouble. Upon examining the nares anteriorly the mucous membrane was found of normal color and the cavities of natural size. There was no unnatural secretion.

Upon inspecting the naso-pharynx by means of the rhinoscope I observed a large, smooth, grayish-white tumor, completely occluding the posterior orifice of the left naris and filling two thirds of the naso-pharyngeal cavity. This growth evidently sprang from the lateral wall of the pharynx in the region of the fossa of Rosen meuller. Concluding that this was the cause of the obstinate catarrh, I at once made the attempt to remove it with a modification of Jarvis écraseur, armed with a fine steel piano wire (No. 5), such as is found so useful in removing hypertrophied tissue from the turbinated bones; but after several trials I found myself unable to pass the loop over the growth on account of its great flexibility.

I then substituted a larger wire not so highly tempered, the loop of which could more readily be formed to suit the size and position of the tumor. With this, aided by the rhinoscope, I soon ensnared the growth, which was then gradually severed by tighting the screw.

When finally detached the tumor fell into the mouth and was ejected by the patient. It was found to be of semi-solid consistency and of a flattened pyriform shape, measuring $1\frac{3}{8}$ x $1\frac{1}{8}$ inches in the longest diameters and $\frac{2}{4}$ of an inch in thickness at its thickest portion. Upon microscopic examination, by Dr. E. P. Davis, it proved to be a mucous cyst. After removing the tumor, I again examined the posterior nares and found that it had been severed at its very base which had been attached just in front and a little above the orifice of the left eustachion tube. The growth had been so thoroughly removed that no after treatment was deemed necessary. In a word, the obstinate "catarrh" had been cured.

This illustrates the necessity of careful examination of all cases of so-called catarrh, many of which will be found due either to to nasal polypi, hypertrophied turbinated tis-

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sue or to tumors or adenoid vegetations in the naso-pharynx.

When the tumor has been found no instrument is more valuable than a small, strong écraseur, armed with steel wire either highly tempered or pliable according to the exigencies of the case.

True, the steel wire écraseur must sometimes give place to the galvano-cautery écraseur, and both of these may need be supplemented by suitable forceps, but in the majority of cases the steel wire écraseur guided by the rhinoscope will effectually remove the growth, and much more thoroughly than the methods which have been and are still in common use by surgeons who are not familiar with the art of rhinoscopy.

64 State St., Chicago, Dec. 27, 1883.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

Regular meeting, Saturday Jan, 26, 1884. President Dudley in the chair. Dr. W. A. Coles offered the following resolution:

WHEREAS, it is deemed expedient for the best interests of this society that the publication committee confine its official dealings to one journal, between which and the society there shall exist a reciprocal responsibility, therefore, be it

Resolved: That the said committee be instructed to close negotiations with the WEEKLY MEDICAL REVIEW for the year 1884, and that it be authorized to employ an official stenographic reporter whose reports of discussions, together with the regular papers of this society shall be published in said REVIEW under the supervision of the committee on publications.

On motion of Dr. Holland, the society went into a committee of the whole to consider the resolution. Adopted. In the committee of the whole, Dr. Maughs was called to the chair, the resolution was adopted and the committee arose. The society reassembled, received and adopted the report of the committee. Adjourned.

CHICAGO MEDICAL SOCIETY.

January 21, 1884.

The Chicago Medical Society held its regular monthly meeting, in parlor 44, Grand Pacific Hotel, Monday evening Jan. 21st. The president, D. W. Graham presided. After going through the usual routine of preliminary business, the society listened to the reading of a paper by Dr. C. G. Davis, on "Gelsemium Sempivirens". (See paper.)

DISCUSSION.

DR. G. C. PAOLI. In all due respect to my friend who read the paper, I must say that when you listen carefully to the paper, you will think a new remedy has been discovered; a remedy which has cured ills and diseases, which has been done by no other remedy in the materia medica. But let us reason about this matter before entirely agreeing with the gentleman. He commenced its use in '75 and '76, experimenting with animals to test its therapeutic value. In England several gentlemen of prominence have conducted similar experiments for the same purpose. Experiments on animals, are of little value from a practical point of view. There is such a difference of susceptibility between animals and a human being. For instance, strychnine, and nux-vomica in large doses, produce no sensible effect upon the hog. In rabbits large doses of gelsemium semp. have not been found to paralyze the heart as in the human being. It may in some cases, produce this effect. The march of civilization has produced certain effects upon the human being, which in administering these powerful remedies, it will be well to bear in mind. Under the circumstances referred to, are there not other remedies which have acted satisfactorily besides gelsemium. In children, remedies of similar therapeutic application, are found to act more safely. It is an established fact that gelsemium is a dangerous remedy. Several years ago, a gentleman of prominence in the profession, a German, a very skillful physician, had a case of convulsions, on the north side, and gave gelsemium to control them. The remedy was administered in very large doses, and what was the effect? An hour afterward the child died. Another patient was stupefied, rendered very hard to wake, and was only awakened when very near dead. If the patient had not been stimulated with some other remedy, death would have been the result. We must be exceedingly careful in administering this remedy. We will find, however, in practice, that the remedy does not act so well as described. The gentleman said that it has a remarkable effect in diseases of women, especially during labor, particularly during the second stage. Now, we know that the latter stage is very hard on women, pressure of the head producing very great pain. What! shall gelsemium stop that pain? No remedy can stop that pain before the time comes. In regard to diseases of women he says, the remedy had a remarkable effect on a woman having several affections of the womb, retroflexion, antiflexion, what-

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ever they were. In antiflexion, there must be some structural change. Can gelsemium produce instantaneously such a powerful effect as to overcome structural change? There must be some doubt of this. It is affirmed that externally it dilates the pupil, internally it contracts the pupil. From a physiological point of view, we have here an uncertain remedy. As to spinal-meningitis, ten or twelve years ago, physostgima was admitted to be one of the greatest remedies. The books were filled with its praises. Physicians began to use it, and found out that the remedy didn't have any more effect than any other remedy. The doctor may be an honest man in regard to the uses to which he puts the remedy, but if you follow him, I would certainly advise that you use the remedy very carefully.

Dr. C. E. Webster Foster: I have been especially interested in this paper. My experience accords with the authors in every respect. I commenced to use the remedy in '69, and have used it for fifteen years. I have not killed anybody with it yet, and I know of no other doctor who has written a death certificate from using it. I am interested in the paper not only so far as it is in accord with my own experience, but especially interested in it so far as the experience of the author goes beyond my own. I have used it in connection with cinchona. The writer says first, it is not an antidote to malaria. I agree with him in that—that it has a decidedly relaxant effect. I agree with him in this, where patients can't tolerate bromide of potassium, when nauseated by taking it, I inform them that I have a vegetable remedy which takes its place. Gelsemium under such circumstances is my bromide of potassium. I think it ranks nearer bromide of potassium than any other vegetable remedy I know of. I have used it in hysteria, and I know of no remedy which has produced better effects, administered at intervals of a few minutes, in five and ten-drop doses.

Q. Do you use the fluid extract?

A. I use the fluid extract. In well developed, strong, muscular women, represented by servant girls as a class, I am not afraid to use ten-drop doses. This may be heroic, but I haven't killed any of them yet. I think my friend, who has just preceded me, misunderstood the writer, and confounded the first with the second stage of labor. The first stage is where I have used it, and got the effect desired. Being without chloral hydrate, chloroform, I have used this agent with the best results. In dysmenorrhœa I have used it, and my experience agrees with the doctors, most fully. I have given one or two drops three times a day before the expected period occurred, or at the time they felt these premonitions, according to the testimony of the patients and my own belief, the effects have been grateful and satisfactory. There are grades of infantile remittent fever peculiar to children of delicate constitutions; there are disturbances, disorders of the same kind, in which we find the malarial remission, the periodic condition. In these cases I have never found any good effects from the use of aconite. I am always dissatisfied with the use of aconite. I resort to gelsemium in proper doses, obtain free perspiration in a short time, and better results in general than from any other remedy. There are some patients to whom I have given it as a headache medicine in the class of hysterical women, who always have headache at every menstrual period. One of the most efficient remedies I have used in these cases is gelsemium. I have tried the various remedies, aconite with the rest, but this is the best headache remedy that I have ever used. It is in this same class these neuralic kind of cases in which the reflex symptoms are manifest upon the head. In this same class of cases I have also used it as a sleep medicine. I have sometimes used aconite in this way, but haven't got as good effects as from gelsemium. As to its effects upon mucous membranes, my experience accord with the authors. I believe, and enjoy the belief, that it has quieted the irritability of the bladder. I believe it is of great service in entero-collitis. Such are some of the points in which I am in accord with the doctor. I have been struck with the similarity of our experience, both as to the cases, in which he has been disappointed in its use, and those cases in which the remedy has yielded most satisfactory results.

Dr. Robert Tilley: I have very great faith in gelsemium in some instances; but I am certainly not prepared to use a fluid extract upon which I can rely, in the doses, the doctor speaks of. I certainly should be afraid to give the dose mentioned to children, especially in convulsions that arise from disturbance of the stomach. I shall prefer to give a simple bath, syrup of buckthorn, or something of that kind. I certainly should not give gelsemium. I have never had a death occur in my practice from the use of the agent, but have heard others speak of deaths in that way that they would not like to speak of publicly. There is one point I would like to refer to, which has not been mentioned. I fancy that I have seen the utility of gelsemium in quieting after-pains. I have never given it in the first and second

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stages of labor, but have given it for after-pains and with a large amount of satisfaction. I have also had satisfactory results in certain reflex cases, which are referable from the uterus to some condition about the face, more especially in the region of the trigeminus. In some face cases I fancy I have had a marked amount of satisfaction. I should never give the agent in the doses referred to. The doctor said he gave twenty drops at a dose. That I should never think of doing. Long before I got to that dose, I should think my gelsemium worthless and look for another remedy. My experience would not allow me to give such doses of the agent.

Dr. C. G. Davis: Mr. President, I don't know that I have much to say. The arguments which the gentlemen use against what I have set forth in the paper, are probably such as would not hold very well: that it is a dangerous remedy. We are using remedies every day far more dangerous than this drug. When the gentlemen speak of this agent as being a dangerous remedy, I can't help but attribute it to their want of experience with it as stated in this paper. I have used the remedy a number of years; have used it very extensively I have experimented with it in hospitals and other places. I regard it as a very safe remedy; safe as compared with opium, strychnia, chloroform. We all know, when dangerous symptoms are manifest by its action upon the eyelids, causing them to droop. Regarding convulsions of children, the remarks in the paper were based very much upon a paper which, I think, was written by Prof. Bartholow, in the year '74. I regard it as a very safe remedy for children. It is an excellent remedy in women's diseases, acting immediately and efficiently without producing any violent symptoms. In convulsions I know of no remedy that answers the purpose better than this. It certainly answers the purpose better than bromide, and it is a very much better remedy to take. I have used the agent in but one case of meningitis within the last two years. That was a very severe case, in which I was called in consultation. I suggested gelsemium, and it acted most efficiently. Nine or ten years ago I used the remedy in just such doses as explained in the paper. As mentioned there it shows the large quantities which the nervous system bears when so highly overwrought by inflammation. In regard to its action in these chronic cases of women, and on the spinal cord, I don't attempt to explain. The arguments Prof. Ringer uses, in his reference to the agent, certainly show that the first effect is stimulation, after which it has a relaxant or paralyzing effect. Gentlemen, I regard this article as a very important remedial agent. If we knew more about it—had more experience with it, perhaps some of us would not be so prejudiced against it.

Dr. E. F. Ingall's paper, "Report of a case of cystic growth in the posterior nares with operation for removal and favorable results," was then read by Dr. R. Tilley, after which the society adjourned.

ITEMS.

Cheap medical literature may be fun for the doctor but is death to the publisher, Bermingham & Co., of New York, who have been issuing the Berminham Medical Library, and other cheap publications, have made an assignment. It costs money to get up good books and if the publisher cannot sell them at a fair price he will either fail in business or as is common, will issue works that are costly at any figure.———Dr. George J. Engleman, of St. Louis, Drs. Wm. H. Byford and A. Reeves Jackson, of Chicago, have been appointed members of the committee to secure funds for the erection of a monument to Dr. G. Marion Sims.———The New York Court of General Sessions has decided that the law obliging medical graduates of other States to have their diplomas countersigned by a New York College, is void.———A London physician recommends night-caps as a preventive of dreams. What kind of night-caps?——— The "Archives of Medicine" will not be discontinued, after all. Dr. E. C. Seguin having returned to New York in improved health will resume the editorship; publishers should not be too previous in their announcements.——The following presidents have been elected by Paris medical societies for the year 1884: M. Marc Sée of the Société de Chirurgie. M. Delpeche, of the Société de Thérapeutique. M. Bucquoy, of the Société Médicale des Hôpitaux. M. Laborde, of the Société de Biologie.——The medical faculty of the new national university at Prague is to be constituted as follows: Descriptive anatomy, Dr. Steffal; pathological anatomy, Dr. Illava; geuerl pathology, Dr. Spina; of Vienna; physiological chemistry, Dr. Horbaczevski, of Vienna; physiology, Dr. Fomsa, of Kiew; clinical medicine, Dr. Eiselt; surgery, Dr Veisz; syphilography and dermatology, Dr. Janovsky; opthalmology, Dr. Schobel; obstetrics, Dr. Strong.———The Micrococci of Cholera Infantum has been discovered by A. Baginsky. The micrococci of delirium tremens still remain unfound.

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THE WEEKLY MEDICAL REVIEW.

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THE TREATMENT OF "CONSUMPTION" in vogue among the Alentians bears a striking resemblance to the plan employed quite extensively by a French physician whose name escapes us. The Frenchman, in a moderate number of cases seemed to obtain advantage from application of actual cautery with minute points in various places over the thorax. The method of treatment, as reported by Dr. R., is as follows: "Herbs are also used in consumption of the first kind, but if the expectoration proved troublesome, the patient was submitted further to the operation of pricking. In both kinds of consumption the Alent doctors supposed the bad symptoms to proceed from bad blood, or a ferment, or spirit. The operation just mentioned was performed by thrusting stone lancets on both sides immediately under the ribs, and was done by the most skillful surgeons only, because it required accurate knowledge of the internal parts, and of just how much of the spirit to let out, as there was danger of letting it all out, and thus sending the patient to the other world. The operation also used, as a remedy for internal disease, was considered the most approved treatment for colic, and patients expressed themselves as having received decided benefit therefrom. "Puncture," in critical conditions, was resorted to as the last and sole remedy. It was also used in many other diseases, for example, in diseases of the eyes, where the skin was pinched between the eyes or on the nap of the neck. On the question of alcohol Dr. R. ranges himself on the side of those who testify to the unquestionable value of alcohol in some form, for those who from our temperate zone visit the frigid regions, and the evidence he advances is worthy of co-relation with his general observations.

THE MEDICAL AND ANTHROPOLOGICAL NOTES of Irving C. Rosse, M. D., taken during the cruise of the revenue steamer Corwin, are full of interesting items. The judgment which the author brings to bear on the subject was the more appreciated when we realized the view he took of that distressing affection known as sea-sickness. We pass over his theory of how the distress is developed, as we do not believe that any one explanation will suit all cases. Any one who has personally experienced or closely watched how suddenly such a condition is sometimes developed will, we think, coincide with him when he says: "Experience convinces that no drug known in the pharmacopœia will prevent or cure sea-sickness, notwithstanding the assertions of eminent medical authority to the contrary. Resolute effort of the will, and the resort to such palliatives as drinks containing an excess of carbon dioxide, ice-champagne and bottled Milwaukee beer for example, and oranges were found to be the most efficacious modes of treatment adopted in the numerous cases of this almost unmitigated evil coming under my observation. Speaking of the difference between a physical and a physiological cold he says: "In the latter part of June, at St. Michael's, we found the sun almost overpowering although the thermometer registered but 60° F. Why this incongruity should exist between the sensation of heat as experienced by the human body and the actual temperature as revealed by the thermometer we are not prepared to say." On the return of the Corwin to San Francisco, and that too during her most glorious climate, colds of the most violent kind prevailed among a previously healthy crew. This appears to be the fate of all visitors to the extreme North whatever precaution they may take. One peculiar

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effect which the cold, when associated with privation and terror seems to develop, is a form of insanity. One man, says Rosse, of the escaped crew of the bark Daniel Webster, which was crushed in the ice, on being rescued after two weeks of exposure, terror, and starvation, was completely insane, but subsequently regained his reason. It seems that the act of deserting a ship in the Arctic not only taxes all the resources of manliness, but the situation conduces to bringing about mental derangement. One of the oldest and most experienced Arctic whalers tells me that he has seen men from an abandoned ship so lose their wits as to cry like children, sit helpless on the ice and refuse to move until the most rigorous measures were taken to force them. Another whaleman told me that some years ago having to retreat from his crushed ship across the ice, two of his crew became raving maniacs and finally drowned themselves; and the insane seamen of the Jeannette party is fresh in the minds of every one.

A Pistol Shot through the Stomach and Kidney, with Recovery, forms the subject of a case reported by Dr. F. Staples, in the Minnesota State Medical Society. The man received two shots, but as the one in the arm was of small significance, it can be passed by without notice. The other ball entered the body between the sixth and seventh ribs, on the left side, three and one-fourth inches to the left of the median line, and three inches below the nipple. It was found in the left lumbar region, and was removed through a deep incision, made three inches to the left of the centre of the spinal column and immediately below the lower border of the last rib. The subsequent history of the patient was given to the surgeon and reporter some time after the operation, which vitiates to some extent its value for scientific record. The doctor concludes that the ball did not take a circuitous route, but passed directly through the stomach, piercing four times the peritoneum, and wounding the left kidney. The subsequent verbal report states that the patient vomited blood at irregular intervals for two or three days, and that the evacuations from the bowels, as well as the urine, contained blood for five or six days. The patient, notwithstanding unfavorable circumstances, made a rapid recovery. It will readily be seen that Dr. S. is scarcely justified in his conclusion as to the straight course of the ball with nothing more than the above data at his disposal. Of course the vomiting of blood, associated with its presence in the evacuations, would be presumptive evidence to that effect, supposing they were well authenticated facts. But the presence of blood in the evacuations from the bowels, which blood must be supposed to have passed from the stomach through the whole length of the alimentary tract, and after its evacuation to be recognized as blood by an unskilled attendant, throws a little haze over the value of the observation. This is rendered still more doubtful by the statement that the presence of blood continued in the stools for five or six days, notwithstanding the fact that the man made a rapid recovery.

The Different Methods of Administering Mercury in Syphilis are compared by Prof. Dujardin-Beaumetz, (Medical News, Jan. 26th). The dermic method is much less used in France since the improvements in hypodermic injections, friction causes mercury to rapidly enter the economy, but has the serious objection of speedily producing salivation. In baths the penetration is much less active, and they are chiefly valuable for their local action, which is also the case with plasters. The hypodermic method is prompt, energetic, and not likely to cause salivation, and tends to take the place of the dermic route; by combining chloride of amonium with peptones, and corrosive sublimate a solution of mercuric amoniacal peptone is procured which is absolutely neutral, keeps perfectly, and rarely determines local leisons when properly injected. In order to avoid accidents the injections should be made as deeply as possible, the needle being thrust perpendicularly into the tissues, the hips being selected for the point of injections. In thousands of

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said injections no grave accidents were observed, but in the majority of cases they are painful, and produce induration which lasts for sometime. Some hyperæsthetic patients cannot bear the injections at all, still this method is excellent, especially in hospital practice. In private practice it is more difficult, and should be reserved for grave cases where a prompt and energetic action is desired, as in syphilis of the brain and spinal cord. The following is a simple formula for the injection fluid: powdered peptone, 3 parts; chloride of ammonium, pure, 3 parts; corrosive sublimate, 2 parts; glycerine, 50 parts; water, 150 parts; each syringeful contains 1-6 gr. corrosive sublimate, and is used every day, second or third day according to the urgency of the case. Inhalation, or the dermo-pulmonary method is inferior to the hypodermic, and not likely to ever become popular. Administration by the alimentary canal is by far the most available and practical; numerous preparations are suitable, but the writer prefers the bichloride and biniodide, considering the former as the most active of all the preparations in the first periods of syphilis.

From the Quarterly Report of the Illinois State Board of Health we learn that suits and other proceedings under the medical practice act, have been taken against twelve persons in the State of Illinois, during the quarter ending Jan. 17, 1884. The names are as follows: F. O. Robertson, T. D. Bogart, A. W. Bunce, Z. C. Dunn, H. D. Flowers, G. J. Williams, D. R. Williams, (alias Dr. Lucas) A. W. Boye, Wm. Clarke, J. Bate, John Kean, and a woman "Dr." Schroder. The report also refers to three separate outbreaks of trichiniasis, one resulting in three deaths. The result of the other outbreaks is not given in the report. Two of the cases arose from eating "uncooked," we suppose that means not sufficiently cooked, pork and sausage; and the other from raw smoked sausage. An examination of the sausage in question revealed in the one case 2,000 and in the other 8,000 trichinal to the cubic inch. In philosophising on the subject the secretary says: "As a sanitarian, I regard the danger to human life from trichinæ as practically amounting to nothing it being so easily prevented by thorough cooking." On the same principle of logic we may say: the danger from alcoholic liquors is practically nothing we can so easily throw the alcoholic liquor in the river. In estimating the danger to the community, however, we must not neglect to estimate the proclivity on the part of the people to eat insufficiently cooked meat and drink alcoholic liquor. The report further tells us that exposure to a temperature of from 150° to 160° F. is fatal to trichinæ, but the duration of the exposure is not stated. If people will eat sausage meat—and they will—some more practical information is needed to indicate the quantity of cooking requisite than such as can be obtained by the mere statement of the degrees Fahrenheit.

The American Convention for the Cure of Inebriates has just issued a series of questions for circulation among physicians which we doubt not will help to elucidate the difficult problem they have set before them. Although the Association has been organized since 1870, we are not personally acquainted with the general scope of its efforts, we find it is not limited to the mere efforts of propagating the pledge-system. From the general tenor of their questions, which we give below, we anticipate that they take a much wider view of things. The grappling with the subject from a more liberal view of things than the total abstainers have been accustomed to take, although it may not give such striking results on paper, will we think be productive of infinitely more good. Should any physicians who do not get a copy of the questions have information relative to the following questions, although we are not authorized to say so, we have no doubt that the Secretary of the above named Society, Dr. T. D. Crothers, Hartford, Conn., will be pleased to hear from them. The questions are as follows:

Can you give any facts from observation, bearing on the heredity of inebriety; partic-

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ularly as to the presence of Insanity, Epilepsy, Phthisis, Inebriety, or other neuroses in the parents or relatives of Inebriates ?

Give cases with histories if possible ?

Can you give any history of inebriates whose drinking dated from or was influenced by head injuries, sunstroke, syphilis ; or could be traced to mental shock, disease or injury of any kind ; also to overwork, nervous exhaustion, anæmia, and any specific causes which broke down or injured the system?

Have you seen any cases in which insanity or epilepsy either preceded or followed inebriety? If so, was it traced to the use of alcohol alone or was it due in part, or in whole to some inherited or acquired diathesis?

Have you noted any distinction between the different forms of inebriety, such as irregular, continuous, or periodical inebriety? State any facts you have noticed which relate to the periods and forms of drinking?

What particular mental and physical changes have you noticed concerning the character and general health of the inebriate, that would suggest the idea of disease and the need of physical care and treatment?

Have you noticed any form or condition of inebriety that seems to be produced or is largely influenced by the kind of alcoholic drink used, or the work engaged in, or the food or climate, or any other unsanitary surroundings?

Illustrative cases concerning any of these inquiries will be welcome, and a full expression of opinion from observation and experience is urgently requested.

Full answers to these inquiries, and other facts relating to this subject are earnestly solicited and will be fully credited to each reporter. The results of this investigation will be sent to each one free when published.

The object of the investigation is to guide the medical profession in the general treatment of inebriety.

THH INNOMINATA BONE forms the subject of a very interesting article from the pen of D. C. Marion Dodson, published in the Scientific American, Feb. 2, 1884. The doctor claims that it should no longer be called the innominata bone and suggests the name of "propeller bone" from its similarity to the Marine Screw propeller. The similarity is really striking when the acetabulum is taken as the point into which the shaft is to be inserted, and the obturator foramen is filled up by some contrivance. To demonstrate the applicability of the term the author filled up a pleasure boat of fifteen feet in length and succeeded in propelling it with this contrivance. He does not tell us how far or at what speed, items which would have had some interest because in case of a break down, on mid ocean at any time, from the destruction of the propeller it may be necessary to cast lots to determine who should be the victim to supply the pair of propellers. Joking apart, we doubt not, that although it is not at all likely the term "propeller" will ever displace the innominate, yet the ingenious resemblance which Dr. D. has called our attention to will be the means of throwing additional interest into the lectures on the innominate bone. The author directs special attention to the similarity in actual function between the Marine Screw propeller and the innominate. "Both act only as accessories, the former acted upon by an internal force generated within the vessel, sends her through a yielding medium ; the latter, though a little more passive performs the same subordinate office in the human economy by affording attachments for levers and appliances which are so regulated and adapted by a perfection of machinery and force as to give man his remarkable power of locomotion.

THE REVIEW is interested, as much as every other medical journal should be, in the longevity of the Index Medicus, and we trust that for the credit of America that it may live long in the enjoyment of vigorous health, although in the nature of the case its circulation cannot be expected to be very great. We have always felt that whilst the intention of the publication is so praiseworthy, the means of carrying out the intentions were not the best adapted to the end in view. It

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does seem to us that the Medical Record has struck the key-note to its future existence and even increased usefulness. If it were published once in three months, six months, or even twelve months, it would be much more serviceable to the investigator. It matters little to the investigator what has been done within the last few months, because no observations can be said to have acquired the honor of established facts until a certain amount of time has elapsed, so that they may be viewed from the distance, and the general surroundings more accurately observed.

IRON-DYED is justly rising into a well merited position with our most careful operators. The summary of an article by Dr. W. H. Pancoast is thus presented in the International Review of Medical and Surgical Technics: Iron-dyed silk ligature is best and cheapest for general use. It is round, not plaited, well finished and durable. Can be waxed, oiled, or carbolized. Can be readily seen. Is not inflammatory. Nos. 1 and 2 will remain in the flesh a long time without causing irritation. It is the best for plastic surgery. Is the most delicate strong ligature. No. 14 is as strong as ever needed. Three or four turns of the silk, what I call a splint turn, will hold itself a long time, on this a second knot makes a splint, lying like a splint over the edge of a delicate wound. Does not soften and loosen itself, as catgut does.

THE MODE OF DEATH IN THE CASE OF A CADAVER FOUND FROZEN may from a medico-legal standpoint be a question of the gravest importance; and if any doubt exists in a given case the testimony of one who has been privileged to examine as many as thirty-one cases found frozen to death by simple exposure to cold is certainly of great importance. Dr. F. W. Draper thus quotes, (Boston Med. and Surg. Jour. Jan. 29, 1884), Dieberg: (Vierteltelljahrsch, f. gerichtl. Med. u. offentl. San., xxxviii., page 1) has formulated some valuable conclusions on this subject as the result of his observations on the bodies of thirty-one persons who died by exposure to cold. He found in all these cases that the heart in all its cavities was distended with blood of a fluid consistency and deep color, with an occasional soft clot. He determined the relative fullness of the heart by weight, and shows that although many of the victims of frost may be supposed to have been intoxicated when they became chilled alcohol was not the cause of the death, because in cases of fatal alcoholism alone, without the intervention of cold, he found the weight of the blood contained in the heart to be nearly four times less than in the others. In explanation of the cause or manner of death in these instances the author states that under the effect of cold the tissues and the vessels undergo a contraction which is in proportion to the temperature depression; that the more superficial and thus the more exposed the vessels are the greater also will be their contraction; that according as the exposure to the cold is prolonged the contraction will progress from the periphery to the centre; that the heart will be able to send only a limited amount of blood forward into the vessels, the latter being unable to receive the normal supply; that the lungs continuing their functions still further supplies of blood are forced in upon the heart, and finally the arrest of that organ is effected, and death by syncope results. This theory is in accord with facts observed by persons who have survived exposure to a very low temperature. In the report of his voyage to the North Pole, Wrangel relates that when the thermometer on one day registered—53° C. every one suffered from headache, tinnitus aurium, subjective optic symptoms, and especially and extremely violent sense of weight and discomfort, indications apparently of circulatory disturbances. Dieberg believes that death by cold is really due to syncope rather than, as Lesser and Hofmann have held, to asphyxia. In asphyxia one finds at the autopsy dark fluid blood, engorgement of the large veins and the right side of the heart, hyperæmia of the lungs and other organs, punctate hæmorrhages in the

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serous and mucous membranes. But in death by cold the blood is not always or wholly fluid; it contains clots, especially in the heart. Moreover, its color, instead of being very dark as in asphyxia, is of a brighter hue. Distension of the large veins is not observed, and in the heart the blood is equally distributed in the cavities, and is not found in relatively increased amount in the right side. The author summarizes his conclusions thus: If, he writes, on making an autopsy upon a frozen cadaver one finds no appreciable lesions to account for the death, but discovers the heart engorged with blood in all its parts, he may declare that the individual was exposed to cold while still living, and that the cold was the cause of the death. If, on the other hand, the heart is empty of blood the examiner may conclude that the person was already dead when exposed to the cold, and that another cause of death must be sought for.

THE REVUE MÉDICALE, reviewing the Scandinavian medical literature, quotes the case of a young man, who, wishing to follow the teachings of Scripture, plucks out, not his eye, but his testicle, or rather both of them. The report reads: A young man, 25 years, having an abscess in the left iliac fossa, was examined by W. Santesson, who found that the right side of the scrotum was empty, whilst the left side contained a hard round body about the size of a bullet. There was no trace of the spermatic cord, or of the testicle. A linear cicatrix on both sides made him suspect castration. Interrogation revealed to the doctor that the young man, when about 17 years old, in conformity with the teachings of Scripture, had with a plane-iron made an incision in the scrotum, removed the testicle and cut the cord on both sides. With the use of cold applications both wounds healed up in three weeks. On further reflection he did not relish the idea of an empty scrotum, so decided on a new operation. With a pair of scissors he made an opening in the scrotum—and introduced a glass marble. Second operation about two years after the first. This cured him of his horror of an empty scrotum. Mr. Santesson took out the marble and presented it to the Medical Society of Stockholm.

THE DIFFERENT MANIFESTATIONS OF SYPHILIS AMONG NEGROES, as compared with its manifestations among the white race forms the subject of a very interesting paper by Surgeon H. R. Carter, published in the Annual Report of the Supervising Surgeon-General of the Marine Hospital Service of the United States for the fiscal year 1883. In this comparison due care was taken to select cases of about the same social standing, that is to say, while nineteen cases were taken from private practice, the patients were mainly laborers and thus corresponded practically with the patients of the Marine Hospital Service, which furnished the others. The two races are repsented by two hundred and thirty-one patients of each race. All are males. The author tabulates thirteen kinds of lesions. They are grouped as follows:

231 OF EACH RACE.

P.	PATIENTS. Negro	White.
1. Enlarged Lymphatic Glands,	102	59
2. Syphilitic Fever,	7	12
3. Skin Lesions,	10	28
4. Mouth and Pharynx (Superficial),	6	44
5. Suppurating bubo, Inguinal,	39	5
6. Iritis,	12	11
7. Orchitis,	1	6
8. Synovitis,	21	2
9. Palate and Fauces, deep Ulcerations,		5
10. Gummata,	4	12
11. Periostitis and Nodes,	8	15
12. Caries,		4
13. Pains in bones and muscles,	194	112

It will be seen that mucous patches and skin lesions are very much less frequent among the negro race than among the white race, and that deep ulceration of the fauces is exceedingly rare. Suppuration of the inguinal glands is so frequent as to render such a condition of no value in reference to the probable future history of the case. Synovitis, especially of the knee, is of frequent occurence whilst caries is absent altogether. Pains in the bones and muscles in the negroes were much more frequent and formed the bulk of the cases. Such pains were, however, very amenable to treatment. The author concludes that syphilis pursues a milder course in the negro than in the white race.

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CORRECTION. — The unfortunate similarity in appearance of the words grains and grams has given rise to an error, Vol. IX., No. 2, p. 23, second column ; subject, salicylate of sodium. Twenty grams every hour should of course be twenty grains every hour.

CUTTING DOWN UPON A FLOATING kidney in order to attach it to its normal position, although not new, is certainly a proceeding of interest. Mr. Ivar Savensson presented to the Society of Swedish physcians, a girl of 21 years on whom this operation had been performed. By an incision made along the external border of the sacro-cumbalis the kidney was discovered, drawn into the wound and fixed to the fibrous tissue by 14 sutures which involved only the capsule. The result of the operation exceeded the expectations of Dr. S. There was no complication and the kidney remains fixed. The patient was now well and could follow her duties. She complains of no more pain, which was formerly so severe that she became a burden to her relations. The surgeon considers this operation preferable to extirpation.

THE QUADRENNIAL PRIZE OF THE WORSHIPFUL COMPANY OF LONDON GROCERS, of £1,000 is offered. The subject of competition is: "To discover a method by which the vaccine contagium may be cultivated apart from the animal body, in some medium or media not otherwise zymotic: the method to be such that the contagium may, by means of it be multiplied to an indefinite extent in successive generations, and that the product after any number of such generations shall (so far as can within the time be tested) prove itself of identical potency with standard vaccine lymph." The prize is open to universal competition. Competitors must submit their treatises on or before December 31, 1886; the award will be made as soon afterward as circumstances permit, not later than May, 1887.

A CASE OF REMOVAL OF A CANCEROUS WOMB PER VAGINA was reported by Dr. Goodell at the meeting of the Obstetrical Society of Philadelphia. (Obstetric Gazette, Dec. 1883.) His mode of procedure was as follows : First, he scraped away all cancerous tissue, searing the remaining surface with a Pasquilan cautery, then after cleansing the vagina, he passed a stout thread through the cervix to draw down the womb—a circular incision was made around the cervix stripping the tissues up anteriorly and posteriorly to the reflection of the peritoneum and laterally to the insertion of the broad ligaments—the peritoneum was opened and the womb retroverted into the vagina by means of the obstetric crotchet passed over the fundus. A strong thread is then passed through the body of the uterus—in order to manipulate it—a ligature is passed around the broad ligament of the right side and secured it en masse, and a second double ligature was passed through it and tied on opposite sides—the right side of the broad ligament is then divided, the uterus drawn down and the ligament of the left side is secured in a similar manner and then divided. The vaginal wound closed and dressed with cotton and iodoform.

A SIMPLE DILATION OF THE ANTERIOR NARES is thus described by Dr. Presley M. Rexey, U. S. N. : "I use to hold open the Anterior Nares a simple contrivance made by myself — consisting of two wire hooks, connected with a rubber cord, the centre of which goes under the chin, the ends being brought back over the ears, and the hooks fastened in the nostrils.

THE INTERNATIONAL REVIEW OF MEDICAL AND SURGICAL TECHNICS is the title of the official organ of the American Association of the Red Cross. It is to be published quarterly, and is edited by Drs. Joseph H. Warren, Ch. E. Warren and Wm. E. Smith ; and published by the International Medical Exchange.

GERMAN OBSTETRICIANS have resolved to employ dilute solutions of common sublimate as the best, cheapest and most agreeable disinfectant.

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A CASE OF HYSTERIA IN THE MALE is recorded by A. Sokotowski, of Warsaw. A man, age 29, was admitted to the hospital suffering from aphonia and intense dyspnœa. On examination he presented anæmia, paresis of the muscles of the larynx, dyspnœa, slight hyperæmia of the vocal chords, no fever, little appetite and sleeplessness. In the left iliac fossa and in the small of the back, pain on pressure. No albumen in the urine. He had an attack daily of muscular rigidity with Cheyne-Stokes' breathing. Chloral, bromide of potash and counter-irritants were employed unsuccessfully. On this account and from the general appearance of the patient the doctor diagnosed hysteria and concluded to produce a psychical impression on the patient by representing to him in strong words his want of self control. On the following day the aphonia had disappeared and the other symptoms gradually vanished. The attack had been caused by mental disturbance following the death of a friend. Three weeks afterwards grief brought on a similar attack from which he recovered in one week.

A "STANDARD" MICROMETER has been made for the American Society of Microscopists (Scientific Amer.) by the United States Bureau of Weights and Measures. The examination as to its correctness was carried on through seven months of last year by Prof. Wm. A. Rogers, of Harvard College Observatory, and it has now been accepted by the society. It is to be kept in approved safe deposit vaults, and not to pass out of the hands of the custodian except with the permission of the committee, president, and secretary of the Society, but other micrometers will be compared with the standard, and the result certified to, for a reasonable fee.

THE INJECTIONS OF HÆMORRHOIDS with carbolic acid or other coagulating agents is condemned by Dr. J. H. Girdner (N. Y. Med. Journal) as exceedingly dangerous. It has been suggested that if a clot break loose from a tumor it would be arrested in the liver, since the hæmorrhoidal veins empty into the portal circulation, and, it being a carbolized clot, would cause no abcess or harm of any kind in that organ; but the hæmorrhoidal veins connect directly with the general circulation by inosculation with branches of the internal iliac, hence a clot breaking loose from these coagula may enter the general circulation and plug up an artery in the brain, or some other vital organ. He speaks of the ligature as, undoubtedly, the best method of treatment. We are inclined to believe, however, that experience shows the danger from embolism where injections are used, is very slight.

THE RELATION WHICH THE BACILLUS TUBERCULOSIS holds to the affection tuberculosis is evidently not yet settled, as will be seen by Dr. Formad's article in another part of the REVIEW, that however earnestly the disciples of Koch may persist in their assertions to the contrary. We applaud the pluck of the Philadelphia professor and highly appreciate his energy which has not suffered suffication by the stampede which has been displayed by the majority of the profession. This zeal cannot but be associated with a sincere desire for the truth and which ever way further investigation may settle the question his efforts will be appreciated the world over and we are sure contribute no small honor to the character of the American for investigation.

THE "NEW ENGLAND MEDICAL MONTHLY," one of the brightest and best of our exchanges is edited by Dr. Wile, of Sandy Hook, comes fully up to the best literary standard. It contains each month the portrait of some well-known physician, among the number being N. S. Davis, Hammond Marcy, Holmes and Gressom. Dr. Wile is a great favorite which partly explains the success of his journal.

METALLOTHERAPISTS give the following order in which the metallic discs should be used: Iron, zinc, copper, gold, silver, tin and platinum.

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CONTRIBUTIONS.

THE BACILLUS TUBERCULOSIS AND THE ETIOLOGY OF TUBERCULOSIS. IS CONSUMPTION CONTAGIOUS?

Second Communication. Read before the Philadelphia County Medical Society, November 14, 1883.

BY H. F. FORMAD, B. M., M. D.,

Lecture on Experimental Pathology and Demonstrator of Morbid Anatomy in the University of Pennsylvania; Mutter Lecturer in the College of Physicians of Philadelphia.

[CONTINUED.]

Therefore, for the development of tuberculosis, two conditions are necessary:—

1. A definite soil.
2. An indefinate irritant.

The reaction of the soil is always the same under the influence of any irritant, whether that irritant be a bacillus or not; since the result (tuberculosis) following a lesion in such a soil depends upon the character of the soil and not upon the character of the irritant, even though one irritant, say bacilli, may act more readily than other irritants.

In view of the demonstrated fact that simple injuries of any kind can excite a tuberculosis, but only in certain individuals and tissues, it is evident that tuberculization is determined by the kind of soil and not by a specific irritant. Tubercle should therefore be defined as being an inflammatory new formation in a specific individual or tissue.

What is the place for tubercle in pathology? The anatomical criterion for tubercle is a granulation tissue made up of lymphoid or epitheliod cells, which, on account of deficiencies in the soil, does not undergo any higher organization, nor tend to heal; but tends to form nodes and undergo cheesy change. Under favorable circumstances it may heal through fibroid change. The elements of tubercle tissue may spread by continuity of structure to surrounding parts, and occasionally tend to the production of metastasis, distributing themselves by means of the lymphatic system principally, and rarely by blood-vessels; and may generalize themselves through the whole body, forming miliary nodes or tubercles.

This miliary eruption of tubercle appears to have the same relation to the primary tubercular growth as the secondary metastatic cancer eruption has to the primary cancerous growth. Like in cancer, the elements of tuberculosis may be arrested temporarily by the lymphatic glands governing the affected region.

In tuberculosis, lymphoid cells form the nodes; in cancer, epithelial cells. While secondary cancer nodes are, as a rule, much larger than tubercle nodules on account of the well-known great proliferating power of epithelium, it is also a fact that cancer may appear as a miliary carcinosis, expressed by minute nodules not distinguishable microscopically from miliary tuberculosis. Cancer is proven to be a local disease. It is not contagious. It is infectious only to the individual who is affected by it; *i. e.*, it is self-infectious. And so is tubercle, in every respect, a local, self-infectious disease.*

That local manifestation of tuberculosis in the lung, which is designated by the traditional name of pulmonary pythisis, forms perhaps nine-tenths of all tubercular lesions, and hence deserves some special consideration.

I arrange myself with those who regard all forms of pulmonary phthisis as tubercular. There are only three or four lesions of chronic wasting disease of the lung which may be excluded from phthisis. These are atelectasis, or collapse from pressure of effusions; bronchiectasis, in which the enormous dilatation of the bronchi may lead to large cavities and atrophy of lung structure; primary fibroid changes; and abscess of lung. Yet all these lesions may become tuberculous from secondary inflammatory changes which usually follow.

The lesions that are known as catarrhal pneumonia, broncho-pneumonia, pneumonic phthisis, cheesy pneumonia, tubercular phthisis, and fibroid phthisis, are all manifestations of the one disease. Such a classification may be, however, entirely justifiable and useful for practical, clinical and therapeutic purposes. Pathologically considered, phthisis is a local tuberculous inflammation of the lung which may manifest itself in various ways, the appearances depending upon the duration of the disease, the mode of onset, and the constitution and condition of the patient. Lesions representing the different forms of phthisis, and their transition from one form

* Cancer and tubercle are considered analogous lesions, and classed with tumors, by a number of pathologists. This fact would not make it inconsistent to call tubercle an inflammatory product, as the distinction between inflammatory processes and tumor formation is a purely arbitrary one. Virchow pointed out that the majority of tumors are purely inflammatory products (a statement antedated twenty years by Prof. S. D. Gross). A few years ago I made the question of the etiology of tumors a subject of careful personal study, which I yet continue, and I am forced to the conclusion that all true tumors are inflammatory products, and that no line of distinction can be drawn where the process which we call inflammation ends and where tumor formation begins.

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to the other, are often seen in the same lung.

Virchow insists that nothing should be considered tubercular unless it shows true tubercle nodules, and hence he does not recognize cheesy pneumonia—or cheesy hepatization. as he calls it—as tubercular, although he does not object to the term phthisis for this lesion.

I was fortunate enough to attend several times the classical demonstration on this point, of Virchow, the father of the view of the dual origin of cheesy matter and phthisis; yet, from our present knowledge of what nonstitutes tubercle, I cannot help interpreting all the forms of phthisis as of a unitarian origin. It is, after all, as Virchow himself says, only a matter of nomenclature. If we consider the presence of bacilli of Koch as the differentiating point between what is tubercular and what is not, we find that catarrhal and cheesy pneumonias are the most tubercular of all, because they contain, as a rule, more bacilli than any other forms of phthisis.

Although cheesy pneumonia, like all forms of phthisis, remains commonly a local affection, it is seen on the autopsy table to give rise to miliary tuberculosis at least as often as any of the other forms of local tuberculosis.

We are then at present at the same standpoint in regard to the character of tubercle and cheesy matter as Lænnec (1819); and it is indeed perfectly reasonable to suppose that any cheesy matter found in a scrofulous person or animal is tubercular. Of course it is evident that tuberculosis of the lung is usually accompanied by simple inflammatory products, such as organized connective tissue (chronic phthisis), or unorganized croupous and catarrhal exudates (prodominating in acute phthisis), which may undergo rapid necrotic and purulent changes, resembling cheesy material. For the latter products the name "coagulation necrosis," as applied by the Heidelberg aud Leipsic people, may be employed. Tubercle bacilli are commonly found in this coagulation necrosis. True tubercular cheesy matter should, I think, be considered only that product which is derived from the breaking down of previously well-organized tubercle tissue.

I need not refer to the details of the manifestation of tubercle in the lung, as these are too well known. But I would like to remark here that those small whitish or gray nodules, usually of somewhat irregular shape, which are seen more or less densely scattered throughout the parenchyma of lungs affected by phthisis, are not miliary tubercles, but minute foci of broncho-pneumonia.*

These minute broncho-pneumonic foci take their origin from tuberculous matter disseminated by means of air-passages, as explained before. Miliary tuberculosis of the lung distributes itself by means of the perivascular lymphatics, is very rarely accompanied by catarrhal changes or hepatization, and rarely arises from a primary tuberculous focus of the lung itself; it is, as a rule, a part of general tubercular disease.

II.—The Predisposition.

Having shown that for the production of tuberculosis we need a special soil, and that the irritant is only of secondary significance, some inquiry into the nature of this soil is necessary.

The question of the predisposition to tuberculosis, as it stands at present, must be considered from three aspects:—

1. The clinical aspect.
2. The anatomical aspect.
3. The bacteridian or parasitic aspect.

The consideration of the clinical aspect of the predisposition to tuberculosis is invaluable, as it rests mainly on actual observation, on demonstrated clinical facts, and on conclusions drawn from statistics.

From time immemorial, a clinically well-defined condition of the system, known as the strumous diathesis in its various forms, has been recognized. This condition will be considered later on.

There are a number of ailments which, from the experience of clinicians, are known to have a great, direct or indirect, influence in the development of general tuberculosis and pulmonary phthisis; or are known to create conditions of the system that predispose it to this malady. Such are syphilis, inflammation of serous membranes, bronchitis, croupous pneumonia, diabetes, the exanthemata, especially measles and typhoid fever, deformities of the skeleton, rickets, cerebral and spinal diseases of various kinds, dyspepsia, the puerperal state, uterine diseases, prolonged nursing of children, onanism, change of climate, continuous loss of sleep, distress, etc.

That exhaustion, exposure, the deprivation of food, and other hardships of campaign life, etc., are prominent etiological factors in the production of pulmonary consumption is learned from the accounts of military surgeons, who observed among young, robust soldiers a remarkable increase in the morbility and the mortality of phthisis, during and immediately after the close of a war. Such

* See, in connection with this, the excellent studies of Wm. H. Mercur, from the pathological laboratory of the University of Pennsylvania, published only in abstract form in the Phila. Med. Times, July, 1883.

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observations have been made in the Franco-Prussian and Turko-Russian campaigns. The fact that consumptive soldiers are not allowed to enter upon a campaign (certainly not in Germany and Russia) excludes here the probability of contagion.

Statistics also show the remarkable prevalence of phthisis in persons of certain occupations, such as stone-cutters, miners, cigar-makers, weavers, telegraph operators, book-keepers, and persons engaged in certain other occupations of a more or less sedentary nature. It is more natural to suppose that the disease or the predisposition to it is created by the character and the conditions of the occupation, than that a contagion should affect preferably shoemakers, miners, or soldiers in the battlefield. Again, in most phthisical patients the beginning of the disease can plainly be attributed to an exposure, to "a cold."

On the other hand, there are pathological conditions or diseases which appear to prevent the development of phthisis and tuberculosis in general. It is an established clinical fact that phthisis is extremely rarely, if ever, associated with mitral heart-disease; and, from my own observations, I believe that phthisis is rarely coincident with tumors. For the latter circumstance, I can offer no explanation; nor is there any statement to this effect in literature. Rindfleisch has suggested that heart-disease prevents the development of phthisis by inducing repeated slow congestions of the lungs, these congestions producing an overgrowth of the muscular tissue of the bronchioles and air-vesicles, which thus gain strength for repelling the exudates following inflammation.

If tuberculosis were depending upon a contagium for its development, neither heart- nor tumor-disease, nor any condition of the organism, could ever prevent its occurrence.

All the clinical facts above referred to prove definitely the necessity for a predisposition for the development of tubercular disease, and militate against the necessity of a contagium.

The anatomical aspect of the question—the morphology of the soil in which tubercle develops—is the most important aspect.

Beneke* tries to explain the disposition to tuberculosis by a disproportion between the size of the heart and blood-vessels and other organs to the bulk of the body.

Schottelius† made recently some interesting observations concerning the mode of termination of the smallest bronchioles and their relation to the lung acini in different animals. He found that in the carnivora the entrance of the bronchioles into the acini presented very small apertures, so that the air-vesicles were not easily accessible to irritants; while in the herbivora the terminal bronchial terminations were quite wide, thus permitting the free entrance of irritants. He states that in man the bronchial terminations congenitally approach sometimes those of the carnivora, and sometimes those of the herbivora. In the latter type, he believes to have found an anatomical explanation for the predisposition in some individuals to pulmonary tuberculosis.* Weigert, of Leipsic (one of the most enthusiastic germtheoirsts), properly remarks upon the observation of Schottelius, that it does not explain the predisposition, as the same animals will re-act, upon the introduction of the "poison of tuberculosis" into any other part of the body, where the bronchioles do not come into play.

My own studies upon the minute anatomy of the tissues of man and of animals predisposed to tuberculosis, extended over a large amount of material, and gave results which, to my mind, satisfactorily explained this condition. These results I announced at a meeting of this Society in October, 1882.

The anatomical peculiarity observed in either man or animals, be it inherited or acquired, I first showed it to be, briefly stated, as follows: all the tissues of the body approach somewhat an embryonal type—they are peculiarly rich in nuclei and young cells, and the lymph-spaces of the connective tissues are narrower, fewer in number, and show a great many more cellular elements in the scrofulous than in the non-scrofulous. So far, subsequent observations of others agree with mine. Objections are raised only as to the direct relation between these structural peculiarities and tuberculosis. Here I must state that I only suggested, and never asserted, the necessity of such a relation. It is quite possible that there are some other and more striking peculiarities in the morphology of scrofulous animals yet undiscovered. This much, I can, however, reassert to-day: that tuberculosis usually ensues when a simple inflammation is set up by any kind of injury, in animals with the structural peculiarity which I have described, but tuberculosis cannot be produced in animals that do not have this structural peculiarity, so far as my experiments show, unless the injury is inflicted upon serous membranes.

*Die erste Ueberwinterung in Norderney, Norden, 1882.
†Virchow's Archive, vol. xci. 1883.

*The method of investigating this condition is not without interest. The vesicular structure of the lung was injected, through the bronchi, with a resinous melted mass, which, on cooling, presented moulds of the bronchioles in connection with their characteristic infundibula and acini.

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For the details of my researches in this direction, I must refer to my first paper upon this subject.*

Koch asserts that the structural peculiarities of the tissues which I described can have no etiological relation to tuberculosis, because an animal not possessed of such tissue peculiarity—the cat—is easily inoculable by tuberculous material. Here I must differ from Koch, as in my experience with cats this is not the case; and, again, Koch brings no proof for his assertion, and I am unaware that he, or anybody else, produced tuberculosis in a cat, except by inoculation into some serous cavity. That inoculations into serous membranes prove nothing for tuberculosis, as I have shown conclusively, Koch still seems to fail to see. But here is away in which cats may become tuberculous with or without the bacillus. In one instance, we kept one of the cats in a close box, deprived of liberty, good air, the comforts of life, motion, and sufficient food; she also had been inoculated with diphtheritic material eight months previously, but had recovered. After the lapse of a year, the cat was set free; but was accidentally killed, and was found to be affected by general tuberculosis in a high degree.

This, in my opinion, corresponds fully to the conditions in which a healthy young woman is placed, and finally becomes scrofulous, and then tuberculous, from a simple cold, after being the faithful nurse for a couple of years of a consumptive husband.

On the other hand, there is full reason to believe, as it is in accordance with experience, that young scrofulous persons, under proper conditions, may become normal individuals; *i. e.*, lose or outgrow the predisposition to tuberculosis. (I have dwelled upon this in my first communication on this subject.)

The scrofulous habit, and consequently also phthisis, may skip a generation and does not invariably embrace all members of a family. It has been observed that parents may at first have healthy children without any vice, who grow old well; and subsequently the same parents, without being phthisical (but perhaps otherwise becoming deficient in health), may have other children that exhibit a full scrofulous habit. But even the reverse has been observed.

It would be highly desirable if physiologists would furnish some experimental observations on the circulation of the plasma in the lymph-spaces. This is, to my mind, a circulation or movement of vital juices in the tissues, which, for the well-to-do of the individual, is of importance next to that of the blood. These important channels, the lymph-spaces, are known to regulate the blood-pressure, carry and breed (white blood corpuscles) food for the tissues, lubricate tissues and relieve the body, if any of its parts are damaged by injury of any character, of inflammatory exudates, dropsy, etc. These channels are nearly blocked up, nearly useless in the scrofulous, and hence cannot perform their functions; and thus modify materially the condition and the fate of the individual, in case of disease.

The term "scrofulous," which I retained for describing the above-stated anatomical peculiarity of animals and individuals, is as good as any other term; moreover it is known by all as as designating the "predisposition" to tuberculosis. Scrofulosis should be called a condition and not a disease, as it has its (a natural) hereditary and widely distributed type in men, and its homologue in some normal animals (rabbit, guinea-pig, etc.) It must be remembered that the scrofulous individual acquires certain lesions, such as enlargements of lymphatic glands, cold abscesses, caries, long-standing catarrhs of various kinds, skin eruption, and certain deformities of bones, only under the influence of injuries, or the same agencies which, in the non-scrofulous individual, lead to transient and curable affections.

Virchow designates simple, permanent enlargement (hyperplasia) of lymphatic glands, with or without cheesy change, "scrofulous" in contradistinction to "tuberculous" lymphatic glands, which contain miliary tubercle nodes (heteroplasia), and which also undergo cheesy change.

There is nothing called "scrofulous" or "scrofulosis," which is not also called "tubercle" or "tuberculosis." There are, strictly speaking, no scrofulous products, but only tuberculous products. The traditional term "scrofulosis" is variously interpreted, although it is not evident that anyone means by it anything anatomically well defined.

Others take matters easier, calling everything tuberculous that contains tubercle baccilli, and calling scrofulous all cheesy matters in which baccilli are absent.

There is still a third aspect of this question, viz., the parasitic or baccillary theory of the predisposition to tuberculosis. As I mentioned in the earlier part of this paper, Baumgarten Marchant, and several others, recently brought forward that not only tuberculosis but that even the predisposition to tuberculosis is to be explained by the susceptibility of an individual to baccilli! Under this hy-

*Loc. cit.

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pothesis, the inherited scrofulous tendency in individuals is created through the mediation of the bacilli. It is supposed that the bacilli or their spores may be conveyed to the ovum by the organism of the mother, or in utero by the spermatozoids of the father. Furthermore, they say, inheritance, is to be explained in no other way than by a bacillary infection of the infant through the milk of the nursing mother, and by subsequent living together of children and phthisical parents. We may exclude such view altogether from consideration, as it has not been proven. Besides, it is not in accordance with facts from observation. It is as contrary to biological laws to accuse parasites for the transmission of a predisposition to tuberculosis, as it would be for that of epilepsy, etc. Hence we may dispose of such view as an unfounded, absurd hypothesis.

I am not opposed to the germ-theory of disease, where it has its well-founded and proper application. Bacteridian studies have contributed largely to our knowledge of a certain class of pathological processes and lesions. But misinterpretations of the significance of bacteria; bacillary speculations, without occasion for them and without any proper application to the subject, are a check to the progress of medical science, The question of the predisposition to, and the cause of, tuberculosis, demands a great deal more of solid pathologico-anatomical and experimental studies; it can, by no means, be regarded as settled, and least of all through the discovery of a bacillus inhabiting necrotic tubercular tissues.

[To be Continued.]

THE VESICATING AND PURGATIVE PRINCIPLES OF CROTON OIL.

BY R. H. SMILEY.

This is the subject of a paper by Mr. Harold Senier (Pharm. Jour., Trans., Dec.; Amer. Journ. Phar., Jan.), in which he gives results of his investigations. of which mention was made in this journal recently.

To verify his results, I have made numerous experiments, both as to the separation and the action of the parts when separated.

Mr. Senier states that croton oil is soluble in alcohol, by taking equal volumes of each, or less proportion of alcohol, but when more alcohol is added a separation occurred, one part of which was entirely non-soluble, and was found to contain the purgative principle of the oil, whilst the part which was soluble contained the vesicating part. With a sample of croton oil, I first made experiments as to its solubility, and found that by taking 10 minims of oil and 5 minims of alcohol a perfect solution occurred after slightly heating; but taking 10 minims of alcohol and 5 minims of oil, a separation into two parts remained unchanged by the same amount and even more heat than made a solution of the other proportion. I next put a quantity into a test tube, and added more than equal volumes of alcohol, and after shaking and allowing to stand for a while the soluble part which, being the lighter at once rises to the top, was decanted into another vessel. This washing with alcohol was continued until all the soluble part was removed. which was shown by the alcohol, after shaking, rising to the top colored.

The liquid part removed from the non-soluble was applied to the skin in several places, and in due time a pustular eruption showed, as might be expected, by the external application of croton oil. I then tried some of the insoluble part in the same way, and no sign of any eruption whatever appeared. I made pills of the non-soluble part, and let each one represent $\frac{1}{4}$ of a minim, and began by taking the half of one pill, which produced no effect other than slight nausea. The dose was increased gradually, and resulted about the same as experiments made by Dr. John W. Meek, of London, who used some of the non-soluble part of the oil prepared by Senier. I found that $\frac{1}{2}$ minim of the isolated part acted as a pretty strong purgative, and the first action generally occurred in from twenty minutes to one hour from time of taking. The action of the vesicant and purgative parts were further verified by experiments on others, and the general result was about the same as given above. There was no griping in any case, and the most unpleasant symptom of the action was slight nausea, which was no more than one would expect from any purgative dose of medicine.

Croton oil will in the future be more useful as a remedy than it has been in the past, especially as to internal administration, which has heretofore been accompanied with very unpleasant effects on account of the vesicant principle, but this evil being now removed, the good results of the purgative principle are ready for investigation.

St. Louis, Mo., Feb. 6, 1884.

CASE OF RETENTION OF SEVEN AND A HALF OUNCES OF IRON IN THE THIGH FOR SIX MONTHS.

BY JAMES A. JACKSON, M. D. MADISON, WIS.

George Summicks—Aet. 25 years—was injured July 4th, 1883, by the premature discharge of an iron ring filled with gunpowder

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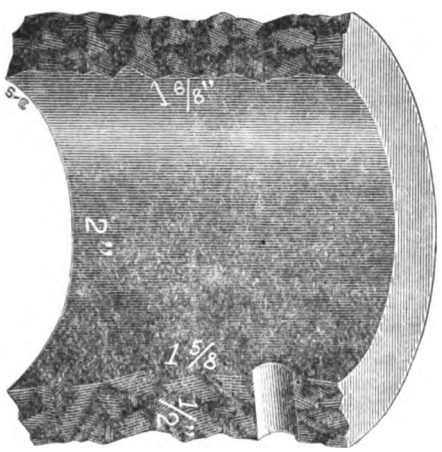
and placed between two anvils. The left thumb was shattered and a wound inflicted upon the upper and inner aspect of the left thigh. The thumb was properly treated, and the wound in the thigh examined; but as no foreign substance could be found, it was concluded that a portion of the ring had first carried away the thumb, and then had passed on to a spot some feet behind the patient; at which place a piece of the ring was found, making the lacerated wound of the thigh in its course backwards. The patient being in a stooping posture, facing the ring; and the finding of part of it on the ground in his rear, made that view of the case quite probable. As, however, the wound in the thigh never completely closed, the discharge continued, and the patient did not recover the use of his limb, but suffered considerably, he came to see me about the middle of December last.



He was lame although able to move about a little. I found a sinus extending from a few inches below the fold of the groin, upwards and backwards, beneath Poupart's ligament, and internal to the femoral vessels. The tissues around were hardened, the discharge was copious and fœtid, and I concluded there was a foreign body within. On Dec. 31st, with the assistance of Drs. Lewis and Woodward, I cautiously followed up the sinus until a hard substance was reached. It was only after attempting to cut it with a chisel, that I could determine it to be iron, and not the body of the pubis. It seemed to hug the bone at the obturator foramen, and was fixed almost immovably. As I was unwilling to cut transversely through the adductors, we decided to make another vertical incision, posterior and internal to the first one. By working alternately and simultaneously at these points, we at last, after great effort, extracted the mass without much damage to the large vessels, although bleeding from small ones was considerable. It proved to be the smaller part of the ring, weighed 7½ ozs. and had attached to its concave side a piece of cloth 1½x½ in. At this date, Jan. 25, 1884, patient is nearly well, only a small surface of integument yet unclosed.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

Stated Meeting, Feb. 2, 1884.

DR. DEAN.—Mr. President: I have quite a rare specimen here. A colored man, laborer, 50 years of age, was admitted to the City Hospital on the 23rd of July last, complaining of pain in his back and chronic or obstinate constipation. His bowels were readily moved by the administration of physic, and on the seventh day, feeling much better, he asked to be discharged. On the first of October he was re-admitted, having been sent to the hospital as he was supposed to have renal calculus. An examination was made for stone. and none found. He complained of pain in the left lumbar region and of desire to urinate frequently. An examination was made of his urine, but nothing abnormal was found. He had phthisis of the right lung. After the fifteenth day he felt much better, and went out again at his own request. On the 11th of December he returned for renal calculus, and complained of pain in the left lumbar region, pain in the groins, in the testicles and thighs; at least he complained of this later on. An examinatiou of the urine was made, but nothing abnormal found. On the 15th of January my assistant called my attention to a tumor extending from the region of the kidneys and spleen continuously to the pelvis, and projecting midway above the brim of the pelvis, somewhat anteriorly. It was hard, perhaps doughy, to the touch, with no fluctuation. It did not have the usual form caused by the spleen's taking the direction of least resistance in its enlargement, as we might say, concentric enlargement, extending uniformly in all directions. It had no notch in front, which, however, frequently occurs with the spleen. The patient denied any knowledge of chills, fever or troubles of that kind, and with this history, and in the absence of fluctuation, I ruled out its being a post-peritoneal abscess, or an abscess of the body of the abdominal wall. A single cast

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was found in urine examined, which might have come from the tube or bottles having been used for some other patient. The shape of the tumor was not that usually found in enlargement of the kidney. I heard once, while he was upon his right side, a distinct bruit, but could feel no thrill. My assistant couldn't hear it. I sent for a stethoscope, and still heard it distinctly; he could not. There being some difficulty with the stethoscope I sent for my own, and then I couldn't find the bruit, either with the stethoscope or with the unassisted ear, and I concluded that it had been simply produced by pressure of the tumor upon the aorta, and that we didn't happen to get the man in such position again that the tumor gravitated so as to compress the aorta and cause such bruit. The pulsation of the femorals was as normal as that of the radials. The tumor did not pulsate, but was lifted at each pulsation of the aorta. The symptoms of pain in the back, the groin and testicles would point to aneurism of the aorta, postperitoneal, and especially from the back part of the aorta; the pain in the back, of course, being caused by pressure on the branches of the solar plexus and of the splanchnic nerves; the pain in the groin and testicles, by corresponding pressure upon the lumbar nerves; but we still were somewhat in doubt as to the actual condition. On the 25th of the month the patient died, and a post-mortem was made by my assistant, Dr. Worthington, who had the patient under his immediate care after the last admission, and we found a large tumor or blood-clot, extending from the diaphragm and the region of the cœliac axis down to the pelvis, post-peritoneal, the spleen and left kidney lying upon the surface anteriorly, and at or near the top of the tumor. On removing the mass it was so large, and the blood had so filled the muscles of the abdominal wall by infiltration and extravasation, that it was with difficulty removed, but on a closer examination I found that the left phrenic artery was the one from which the chief aneurism had arisen; but there was also a small aneurism, an inch in diameter, from the right phrenic artery. The left kidney was very pale, looking almost like what we call the white kidney, and the diaphragm was very markedly pale, in fact almost white. The occurrence of aneurism in the cœliac axis, the renal arteries, and in the aorta in this region, is frequent, but I am not aware that any case of aneurisim of either phrenic artery has been reported. The upper and middle lobes of the right lung were consolidated by phthisis. The spleen was normal. I have the kidney here and a portion of the lung showing the case. The spleen lay above and the kidney just below, on the upper and anterior surface, in the normal position, except crowded up against the diaphragm.

Dr. Williams: I wish to show an interesting case of ulceration of the edges of the eyelids. This gentleman, some months since, noticed that both lids of the right eyes were considerably swollen and the skin was red. This condition persisted for several months, and about four weeks ago he observed that quite an extensive ulceration occurred on the outer part of the upper lid. About one week later he noticed that quite a large ulceration had commenced on the inner portion of the lower lid. Last Saturday he came to me for advice in the matter, and gave me the above history. Now, the question in the matter is as to whether this ulceration is malignant or not, and I ask for the opinion of the experts in the society.

Dr. Dickinson.—Mr. President—I had an opportunity of observing this case on last Saturday evening, and the improvement since that time has certainly been wonderful and unexpected. At that time there was a large ulceration, and it was localized. To-night this has almost entirely disappeared. There was a general redness of the margin of the lids then, as now, but in consequence of the general appearance, I unhesitatingly pronounced it an epithelioma. My opinion has been shaken by his improved appearance to-night, but it may ultimately prove correct, though I am *now* in doubt. The eye-lid is a favorite and very frequent locality for diseases of this character thence to pass by continuity of the conjunctiva to the globe and ultimately destroy it. I recall a case which occurred to me ten years ago this month, in which there was a large epithelioma upon the globe situated at the junction of the cornea with the sclera on the left eye. It was nearly the size of a small almond and extended toward the outer angle of the eye, embracing a considerable portion of the periphery of the cornea. I excised as much as I could by carrying a knife beneath it, cutting as deep as I thought prudent, and whatever portion I failed to remove in that manner I cauterized. The patient remained under observation two or three days, at which time he was called home by some exigency but stated he would be back in two or three days. He prolonged his absence for eleven days, and when he did return the tumor had regenerated, and had assumed a very considerable magnitude, about two-thirds as large as it was originally. Wishing to act most advisedly in the premises, I asked for a consultation, and obtained the

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opinion of my friend Dr. Gregory and the late Dr. Edgar. Dr. Gregory (and Dr. Edgar also) agreed with me in the opinion that the tumor was malignant in character and that enucleation of the globe was justifiable; and not only so, but inclined to the opinion that it was required. I stated to him my experience in having removed it once, and thought it possible that by excising the present growth in a manner similar to that pursued before we might reduce it to one half its size. He consented to a repetition of its removal, which was accordingly done. He remained under observation for several days—possibly weeks. During this time I occasionally cauterized minute elevations of apparently malignant character as they were generated. He made a good recovery, and for six years, at least, during which I heard from him from time to time, the affected eye had remained his best eye, and I presume it is so to this day. It is now ten years since the tumor was removed.

Dr. Pollak.—Mr President—I saw this case also last week. I thought it was a lupus or an epithelioma at least; I thought it malignant in its character, but I certainly don't think so now. It has changed so much—it has improved so much, that I am inclined to think it is rather of a benign nature, and suitable treatment will probably cure him entirely. It is not malignant, as I thought last week. The eye is perfectly good, it is limited to the margin of the upper and lower lid, chiefly of the lower lid, and it hardly resembles to what it was last week. I think it is going to get well.

Dr. Williams.—I wish to state that when I first saw this case I diagnosed specific ulceration and treated him accordingly. He has been taking, since I first saw him a week ago, 30 grains of iodide of potash three times a day. Locally I have been using only pulverized boracic acid, and the marked change in the appearance of these ulcers in one week's time proves positively, in my judgment, that the diagnosis was correct. There is no definite history of specific trouble; still there is no doubt about the character of the present affection. My reasons for making this diagnosis are, first, an epithelial growth of the edges of the lids is never sudden and rapid. It requires years to develop. It starts as a pimple or wart usually, and spreads very slowly from a single point, requiring years to extend as far as this has. Then again, in epithelioma there is hardly ever any inflammation. In malignant troubles the skin is normal almost up to the edge of the ulceration. The history in this case is that the swelling has lasted for several months, and was followed by ulceration, first in one lid and then in another. The sudden outbreak and the rapid progress of the trouble starting from several points, and the very short time since the ulceration started, and particularly the decided redness of adjacent skin, were sufficient data from which to enable me to make the diagnosis of specific ulceration. The result of the treatment proves that the diagnosis is correct without doubt. The ulceration of the lower lid has closed at least one half more in a week's time. It has cleaned off nicely, it is granulating rapidly and is going to get well. The prognosis is good.

Dr. Mulhall.—This is a subject on which I have nothing to say whatever, except with reference to the diagnosis by iodide of potassium. We are frequently in doubt in regard to the nature of an ulceration of growth or whatever it may be; and when we suspect syphilis, in order to insure the diagnosis we give iodide of potassium; the case improves and we say the disease was syphilitic. But he did something more than give iodide of potassium; he applied pulverized boracic acid to the eye-lids to the site of the disease. Now if the case were specific it would not be necessary to make any local application. If it were not, why did he give the iodide of potassium? How can he prove, I should like to know, that it was not the boracic acid entirely that effected the improvement? How can he prove that the iodide of potassium had anything to do with the improvement, since he gave, in addition to it, something else.

Dr. Dean.—I fully agree with Dr. Mulhall in regard to the iodide of potassium. We find a good many things that iodide of potassium is useful for besides syphilitic tumors and lesions. The present appearence of the case is somewhat lupoid, not epitheliomatous but there isn't any proper history of lupoid ulceration, lupus seldom begin in persons of his age, but it will date back five or ten years.

Dr. Johnson.—Without examination of a portion of this neophatic matter, which we are informed has not been done, it is impossible to find out what is the nature of this disease. We know that it has been demonstrated that the atmosphere is full of organisms, and that these organisms attack the mucous membrane and create irritation. Now, in this case, destructive process must have had a cause; boracic acid is a disinfectant and destructive of these lower organisms. It is known that it depends upon bacteria, and not upon the thing itself, but upon the living bacteria in it. This has been demonstrated by the microscope, if

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a portion of this matter be subjected to the test of the microscope, providing the boracic acid has'nt already destroyed these lower organisms, can the cause be precisely determined. If these lower organisms are found in the matter, then the destructive influence and irritation would be accounted for, and proof obtained that it is not malignant. Because these antiseptics will cure these diseases, produced by these various organisms by the removal of the cause.

Now, as regards the iodide of potassium—one regards it as a restorative, another a tonic, and another an antisyphi litic, another a nervine, another a diuretic, no two would agree respecting the mode of the action of iodide of potassium. I have recently read the narrative of a case in which a French physician gave to a lady of advanced years small doses of iodide of potassium for asthma and cured her. Now how did it act. I cannot determine the precise mode of action. It seems to me that asthma depends on bronchial irritation. Now how did the remedy cure this woman? There is no reason to believe there is a syphilitic history in his case because the lady has grown children. As malaria constituted an factor there doubtless was some congestion of the liver, and the remedy employed may have cured her by stimulating the kidneys through the blood; and so it is in cases of this sort. The iodide of potassium will play a very small part in effecting the cure. It might act by exciting the kidneys through the nerve centers; it might again excite the liver; and it might have done as much harm as good. The only conclusion that we can come to is that the boracic acid acted as an antiseptic and destroyed these lower organisms. It is my opinion that some lower organisms attacked this part and the irritation which has gone on has produced this destructive influence which we call ulceration, this has taken place, and the boracic acid destroying the lower organisms, the gentleman is getting better.

Dr. Williams.—In reply to Dr. Mulhall's question I do not consider that the boracic acid had hardly any effort in healing these ulcers; but I attribute the whole improvement to the iodide of potassium. I simply used the boracic acid as a disinfectant relying upon the iodide of potash to make it heal. Evidently this trouble primarily was an affection of the tarsal cartilages and finally it broke out through the skin in the form of ulceration, just as a specific trouble may start at any point and involve all the surrounding structures. I have not the slightest doubt as to the diagnosis, I consider that the treatment practically proves that the diagnosis is correct.

Dr. Mulhall.—I don't see how the doctor can consider it proves any thing since he uses simultaneously different remedies. I suggest that Dr. Williams suspend the boracic acid next week and let us know next Saturday evening the result. If the patient still continues to improve, we may conclude that the iodide of potassium has done good; otherwise, he cannot.

Dr. Dean.—I don't think he can determine even by that means because by the aid of the boracic acid the granulations have gone on and it is probable that they will continue to go on.

Dr. Hughes.—The mere fact that Dr. Williams considers that the iodide of potash effected the cure does not prove that the boracic acid had no effect. That is not very good logic. We may rely upon one remedy to effect a cure but if we use another with it the conjoint remedy may effect the cure. In regard to Dr. Johnston's question I have had to-day a case of asthma under treatment the paroxysms of which were relieved to-day, and relieved yesterday by galvanizing the medulla, and the upper part of the cord; passing the current from the top of the head down, the man was relieved in three minutes. How do you explain the modus operandi? You explain it by the fact that you restore the innervation of the nerve that is irritated at the point of central origin. And the same explanation is true in regard to certain forms of neurotic troubles of central syphilitic origin. I have seen a neurosal affection of cardiac ganglia associated with the loss of the hair, with tibial nodosities. with history of throat ulceration, and no doubt syphilis, which improved under galvanism thus used, by re-inforcing the innervation of the cardiac nerve So it is with regard to the pneumogastric. Syphilis is the verv Proteus of disease so far as the nervous system is concerned as well as the osseous. It plays the same part with reference to pathology—organic pathological changes—changes of the central nervous system, that hysteria does with regard to functional implication of the central nervous system. And as hysteria may implicate the whole ganglionic nervous system, causing cardiac lesions; pulmonary lesions, and apparently renal lesions, because of the implication of the cardiac and renal ganglia;—implicating the ganglia of Remak, Bidder etc., within the heart. The sympathic ganglia may be irritated by central deposition of syphilitic deposits at the point of origin of the nerves in

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the spinal cord or in the medulla and from the brain. We may have syphilitic asthma just as we may have syphilitic cardiac irritability; just as we may have what has been called syphilitic phthisis. There is no difficulty about explaining how a cure of asthma can be effected by iodide of potassium, if you have a history of syphilis.

And in regard to the subject of syphilis, there was a time when but few of the human race were exempt from syphilis.

In the time of Berenger de Carpi when the great anatomist at the close of the fifteenth and beginning of the sixteenth century first prescribed mercurial inunctions for the cure of syphilis, the world was more or less infected with veneral disease. According to Renourd's history of medicine, syphilis was exceedingly prevalent in the sixteenth and seventeenth century almost universal, and subsequently it was believed that scrofula has its origin in syphilis; and now it is but recently that Westfall in analyzing the second hundred cases of locomotor ataxia, a disease whose origin has been considered so obscure and which has taxed the ingenuity of the profession in to acquire remedial measures order for it; in analyzing his last hundred cases he found that 91 per cent of the hundred cases were due immediately or remotely to syphilitic infection.

There are changes taking place in the central nervous system which corrosive sublimate, iodide of potassium, mercury or bromide of potassium will not reach; but if you have an adneural change instead of a change which is destructive of the nervous structures, you may effect a restoration of your patient by mercury and iodide. This accounts for the speedy recovery of certain cases of locomotor ataxia under the routine anti-syphilitic treatment adopted at Hot Springs. I have known a locomotor ataxia patient, after a course of electrization to go to Hot Springs, take the baths and a mercurial course and return without ataxic symptioms.

When undoubted venereal implication is present it is easy enough to explain how iodide of potassium will effect a cure; and of whom may it be certainly said "he is without the remote touch of syphilitic taint if not immediate." Richard Wiseman, the Parè of England, in the fourth quarter of the 17th century, taught the profession the preventive power of corrosive sublimate, which a century and a quarter later, under the name of the liquor of Van Sweiten spread from the military hospitals of Hungary, where the disciple of Bœrhaave, then physician to the King of Hungary, ordered its general use, to those of Great Britain and Europe. This subdued, but did not kill the plague. But if iodide of potassium be so potent as to plow out adneural depositions of syphilis and to remove nodositis — remove gummatous depositions on the surface of the meninges, why should we doubt the power of the drug to effect other results equally demonstrable in the organism? Its very potency in removing syphilitic depositions justifies us in using it for the purpose of removing other plastic deposits which exercise a supposed pressure upon the central origin of the nerves. That is the reason why it is considered good practice in certain cerebral affections to give iodide of potassium to a certain extent, whether syphilitic depositions exist or not.

Dr. Johnson: I can account for my friend removing the difficulty the spinal column, especially in theupper portion of it by his active, stimulating treatment with electricity. There was probably an adynamic condition of the horns, or possibly a sclerosis of the columns, and he stimulated the arterial system by stimulating the nervous system; he may thereby remove sclerotic deposit and cure his cases of ataxia. The question still unsolved is how does this drug effect a cure? We presume it has somewhat the effect of the bromide of potassium and all other astringents of the arterioles. Now, if a case of asthma should depend upon a congestion of the spinal column, and iodide of potassium or bromide of potassium is administered it would astringe the arterioles that supply the spinal column; and if it should be an old congestion it would do good, if there should be a deficiency of the circulation added to a deposit, I am of the opinion that the iodide of potassium would act as an adynamic and not a dynamic in exciting the nervous system. Now, in this case of the trouble with the eyelids, the parts are less supplied with arterioles and pretty well supplied with nerves. In reference to the amount administered. Ninety grains is pretty heavy dosing of iodide of potassium. Few persons can stand such doses. Some persons cannot take two grain doses—it will poison them. Two grains will poison a patient of mine. I once gave five grains while treating him for an injury of the knee, which poisoned him so that I couldn't give him any more. It is an idiosyncrasy of some people. Now, if in the congested state of this eye iodide of potassium does good it must do it by astringing the arterioles; but the conclusion does not follow logically that the cure is effected through the circulating system while we use a drug that we know is an antiseptic, an astringent and

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which causes the death of the lower organisms. I think it is the boracic acid and not the iodide of potassium at all which is effecting the cure, and that if the boracic acid is left off, the morbid condition may return and next Saturday night the patient, if kept on iodide of potassium would be worse. I hope not.

Regular meeting Saturday, Feb. 2d, 1884.

DR. HEACOCK called attention to the death of Dr. Richard H. O'Brien. Drs. Heacock, Dean and Hulbert were appointed to prepare suitable resolutions, and reported the following, which was adopted by the Society :

RESOLUTIONS ON THE DEATH OF DR. RICHARD H. O'BRIEN.

WHEREAS, we have heard with deep regret of the death of Dr. R. H. O'Brien, formerly Clerk of the Board of Health of this city, and once a member of the St. Louis Med. Society, who was universally honored, respected and esteemed by all who knew him and especially by the members of this Society,

Therefore be it resolved, That we deplore the loss of a good and true man, a worthy citizen and a lamented friend.

Resolved, That in his death the city and the Medical Society have sustained the loss of a once faithful and efficient officer, an honest and exemplary public servant, and this Society cannot allow his departure to pass without a public expression of its sincere regret.

Resolved, That a copy of these resolutions be forwarded by the Secretary of this Society to his bereaved family and furnished the press for publication, and be spread upon a memorial page of the record of the Society.

Signed by Committee. { ALFRED HEACOCK, D. V. DEAN, GEO. G. HULBERT.

DR. HEACOCK spoke of the life of Dr. O'Brien.

DR. JORDAN offered the following which were carried.

THANKS TO DR. T. F. RUMBOLD.

Whereas, "We as members of the St. Louis Medical Society fully recognize the great value that has accrued to us as a Society, by the faithful and accurate manner in which our proceedings have been reported and published for the past six years, do hereby

Resolve, That the thanks of this Society be extended and as kindly tendered to Dr. T. F. Rumbold, the editor of the St. Louis Medical and Surgical Journal, for his labors in this respect as publisher of our proceedings; and for the interest he has manifested in making and causing to be made public our proceedings during the term of years as above mentioned."

DR. POLLAK offered the following, which were adopted :

THE J. MARION SIMS' MONUMENT FUND.

It is doubtless known to the Society, that a proposition has gone forth to erect a suitable monument to the memory of the late Dr. J. Marion Sims. A committee has been organized to prepare the necessary steps to effect the object.

"This appeal will find an echo not only in the hearts of every physician, especially gynecologists, but also in the hearts of many women who owe him life and health. I therefore move,

1. That the medical press be respectfully requested to publish the above address, and give it the largest circulation.

2. That a committee be appointed to make personal appeals to the professions, to the lay-public and especially to women, in the furtherance of the object.

3. That the committee make a weekly report to the Society of the result of their labor, the names and amount obtained—unless especially enjoined to withhold such publication.

DR. POLLAK moved that a committee of five be appointed to make arrangements for raising funds. Carried.

DEATH HAS INVADED the homes of two of the associate editors of the REVIEW. Dr. Geo. J. Engleman has lost his father, one of the most prominent physicians and scientists of St. Louis; we will in our next issue publish a full report of the action by the profession on Dr. Engleman's death, and with it a biographical sketch. Dr. Wm. Porter has suffered the loss of his wife, a beautiful and accomplished lady, whose death was sudden, and the blow, therefore, fell upon her husband with additional force. The heartfelt sympathy of the REVIEW is extended to both of the gentlemen.

A WAG SUGGESTS to the New York Academy of Medicine to appoint a committee to instruct the "gentle sex" to use an antiseptic pad over the vulva, from the commencement of the catemenia to its close, in order to prevent septicæma.

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AN ADJUNCT TO THE LONDON FEVER HOSPITAL has been built in the form of a pavillion containing small wards and isolation rooms. One of its peculiar features consists in its being clear of the ground, being erected on strong brick arches that rest on a square basement of concrete, the earth around which slopes away.

MONSIEUR FIAUX, TOWN COUNCILLOR OF PARIS has proposed to change the names, which savor of religion, of the various hôpitals of Paris as follows: Hôpital de la Pitié, to be Hôpital des Droits de l'Homme et du Citoyen; Saint Antoine, Hôpital Velpeau; Saint Louis, Boerhave; L'Hôtel-Dieu, L'Hôtel Ambroise Paré.

DT. M. HOFMEIER reports (Am. Journal Obstetrics) that the majority of German obstetricans believe a thorough disinfection after contact with infectious material to be possible. Although as a general rule, and particularly in clinical instructions the strict demands of antisepsis are to be adhered to.

THE PASSAGE OF BILE THROUGH THE UMBILICAL CORD is recorded by Dr. W. B. Brooks of Fort Worth, Texas. It was fully stopped by passing a ligature through the stump of the cord, close to the abdomen and ligating in the ordinary method used for hemorrhoidal tumors.

CERTAINLY A VERY UNUSUAL SOURCE OF IRRITATION of the alimentary canal is reported by Prof. G. G. Troy, of Atlanta: A mouse is said to have been ejected from the bowel of a child almost twenty months old. It had been swallowed a day or two before.

HYPERTROPHIED TONSILS of unusual hardness are removed by Dr. Carl Seiler, with a modification of Jarvis' écreseur, using rather stronger wire than that which is used to remove hypertrophied parts of the turbinated bones.

VIRCHOW, THE RENOWNED PATHOLOGIST, exonorates the American hog from the imputations of the legislature.

OHIO IS WORKING FOR, and we trust, about to get a law appointing a State Board of Medical Examiners.

PROF. PARROT calls the attention of the profession to the normal position of the stomach in infancy—with them the stomach has its largest diameter vertically—hence when the child is held vertically the food accumulates in the large cœcum, yet passes easily through the pylorus. When placed upon the left side digestion is rendered easy the food remaining some time in the stomach; placed upon the right side the food passes almost immediately into the intestine; placed upon the back with the head thrown a trifle backwards regurgitation is favored—therefore infants subject to it should be held in a vertical position after nursing.

ITEMS.

Remedy for burns.—Hog's lard, one part; bicarbonate of soda, four parts. Put on thick.——Saturated solution of salicylic acid is of great benefit in epitheliomatous growths. ——The Twentieth Annual Report of the Washingtonian Home, a refuge for inebriates, in Chicago, shows that 867 cases were treated in the institution during the past year.—— Tho two N. Y. veterinary schools heve united. ——Boston and New Orleans have formed cremation societies. —— Great men have their moments of relaxation. Jonathan Hutchison is responsible for the following: "Podagra implies simply acute gouty inflammation of the great toe, and by no means comprises gout *in toto*.——It is a settled fact that by next fall St. Louis is to have another medical school.——The Columbus Medical Journal asks "Is the Toledo Medical College a Fraud," and produces documents which seem to answer the question in the affirmative.——The Tuscarawas County (Ohio) Medical Society has placed itself on record in favor of a state board of medical examiners. ——The N. Y. State Medical Association met in Albany, Feb. 5.——An English physician reports a woman who ceased menstruating when thirty-nine, after the birth of her last child, having had sixteen children and one miscarriage in fourteen years.

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THE WEEKLY MEDICAL REVIEW.

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THE TRANSFUSION OF BLOOD in certain cases of sudden hemorrhage from any cause whatever is a well recognized expedient which has long been practiced. The devices which have been resorted to for the transference of the blood have been various; and the observations on the influence of the nature of the liquid transferred, have not been less numerous. Monsieur Dieulafoy, however. has reported to the Sociéti Médicale des Hôpitaux (Revue Médicale 19, Jan.) a case which seems to open a new field for this device. He says: "Recently I have had charge of a patient affected with epistaxis which was alarming, both on account of its fequency and its abundance. The case was one which for want of a better name has been called hemophilique. Every device which therapeutics suggest in such cases had been tried with the same result—no advantage; Quinine, ergotine, alcohol; locally, insufflations, tamponing, douches; cauterizations, nothing had any effect. The case was so desperate that the ligation of both carotids was discussed. Finally a transfusion of one hundred and twenty grammes of blood was effected. The result was wonderful, and the cure was complete. Arguing from this case he supposes that a certain advantage might be obtained from a similar proceeding in cases where the blood itself is supposed to be the seat of the affection, and on hypothesis that certain authors who suppose that some cases of Bright's disease to be an affection of the blood, he extended his observations to three cases of Bright's disease. He thus gives the details of his first case: "On the 12, Sept. last a young woman suffering from uremia came under his care, in the hospital St. Antoine. As far as could be ascertained from the complaints, referred to the stomach and the urinary functions; and from what could be learned from the palpitation and general œdema, the affection might be supposed to have been actively at work for about a year. When the patient entered the hospital the headache and uncontrollable vomiting were the prominent features. She was put on a mild diet; but without improvement, epileptic convulsions, followed with coma, supervened and a fatal issue was expected. On the 24th, of Sept., he performed transfusion." The quantity transfused is not indicated. The same evening the improvement was manifest, the vomiting headache and convulsions had ceased. Six weeks after the patient left the hospital, the albumen in the urine greatly diminished in quantity.

At the beginning of December the patient returned, the same device was resorted to, but this time it did not produce the same effect. Finally death supervened from an effusion of fluid into the thorax. A second case in extremis, was operated on in a similar way. Effect only transitory if any. A third case suffering from convulsive attacks and dyspnœa was operated on in a similar way. An improvement was very manifest after the operations but the patient was anxious to leave the hospital and was not afterwards seen. Monsieur Dieulafoy supplements his report by stating that he has since found that Stoe and Bellina have made similar observations. In discussing this subject Monsieur Robin says: A person is hemophilique because his blood is deficient in plasma. If transfusion is useful in such cases is it not be cause it introduces into the circulation a soluble ferment capable of transforming the albummoids into plasma? If such is the case it might not be necessary to introduce blood but the necessary ferment.

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ON HYSTERIA AND ITS TREATMENT.—Liebemeister expresses opinions (Volkmann's Sammelt, klin Vortr. No. 236.), which may well find a place here. On theoretic grounds and clinical experience he comes to the conclusion that hysteria (as well as hypochondriasis), is a psychological disturbance, not of the "higher" cerebral functions such as ideation and conscious volition but of the "lower" psychological functions, the emotion or the fundamental instincts of self-preservation and propogation.

While the latter functions ordinarily take part in the psychical mechanism under the control of the former, in patholgical conditions they attain a dominating character, loosened from the bonds and direction of the higher centers, and carry on an independant action. The foundation of hysteria is always psychical and manifests itself in the weak resistance to every emotion or sensation of disease, and in the boundlessly egotistic want of all consideration. All the other complicated symptoms of hysteria are secondary results.

Considering this the nature of hysteria he discards the term hystero-epilepsy.

Every therapeutic measure, be it local or constitutional is admissible and promises success only as far as its psychological effect reaches.

The gynæcological treatment he considers entirely wrong, also hypnotism, which both generally increase the hysteria. The first indication is the improvement of the nutrition. For this purpose L. recommends a regular and active life, baths from the temperature of 65°—90° F., daily at the same hour and gradually allows the patient to execute this plan of her own will, to occupy the attention and develop her self-control. When the hysteria has been caused by over-work, rest and ennui does good service.

The spasms, contractures and paralyses which occur in the course of hysteria can easily be distinguished from those caused by organic lesions. (The convulsions, by the fact that consciousness is not abolished as in epilepsy and the contractures and paralyses by their transient character and their localization in certain motor functions.) They are often relieved by forcible means. A sudden dash of cold water or a strong faradic current will sometimes be successful, only these means must bring with them the conviction that they will cure. The proceeding against anæsthsia is the same, when you have once succeeded in demonstrating to the patient that these symptoms can be relieved, she must be convinced that by a strong will and energetic self-control she can make disappear the most alarming symptoms.

THE VEGETABLE PEPSIN, PAPAIN or papayotin is described at length by Prof. Rossbach (Centralblatt f. Therapie). It is obtained from the South American melon tree, Cariea Papaya. The wood, leaves and fruit yield a large quantity of milky juice which coagulates when exposed to the air separating into a fluid and semi-solid-part. Alcohol precipitates the active digesting principal the so-called papain. It has long been known on the plateau of Quito that the juice of the Corica tree when added to the meat in cooking will render this soft and tender. Wurtz has shown that one thousandth part in weight of paipain will dissolve most fibrin and change it to a peptone which can not be precipitated by nitric acid. Rossbach has found:

1. That warm concentrated solutions of papayotin do not digest meat faster than cold solutions.

2. That fresh muscular fibre is changed by a 5 per cent solution in ½ hour into soft and easily separable fibres. Mucous membrane is not affected in the least.

3. One-half per cent solutions have a hardly appreciable action.

Animals can take a drachm and more without harm. The mucous membrane of the stomach remaining unchanged.

Injected into the blood-vessels it is an acute poison, 1 gr. proving fatal in five minutes. Subcutaneously it produces a digestion of the neighboring tissues, and when not asceptic, an abscess.

It has been recommended: *a* In various skin eruptions. *b* In cancer of the skin. *c* To

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dissolve croupy and diphtheritic membranes. (Schæffer has recently published, *Berl Klin. Wochensch,*) several cases of diphtheria treated by brushing the diphtheritic membrane every ten minutes with very good results). *d* To aid digestion of méats in dyspepsia and other diseases of the alimentary canal.

In an article on Chorea (Med. Chir. Correspondenz Blatt.) Dr. H. W. Hermann speaks of the beneficial effect of the galvanic current in this affection. Contrary to Benedict he employes a descending current for the spine, guided by the experiments of Legros and Ominus who have observed a complete cessation of the movements in dogs suffering from chorea while under the influence of a descending current. He claims to have observed the quieting effect of this current, also, in man while an ascending current rather increased the movements. The doctor also recommends galvanization of the cortical motor centers and the sympathetic, and directs attention to the care for the patients' nutrition, bathing and bodily, especially mental rest.

A crazy crowd, which opposed the contagious disease act, had a prayer meeting of eight hours duration (Globe-Democrat) on the day of the opening of the English Parliament. Some of the devotees are described as very excited. Hymns were sung, and there were male and female speakers. Special prayers were offered for the Government, and the newspapers, the members of the House, and the sisters in the lobby, but there was the usual decency of silence on the subject of the agitation.

The Fanatical Anti-Vivisectionists of England have been left in mourning (Globe-Democrat) by the establishment of a school of physiological research at Oxford. Mr. Freeman, the historian and lecturer, with characteristic exaggeration describes the laboratory as a chamber of horrors.

The Scientific American, for February, describes an ingenious device called the earthquake recorder.

Habitual Miscarriage, its cause and Prevention is the subject of an article by Dr. Egbert H. Grandin. (American Journal of Obstetrics, December 1883.) He tabulates the general causes as follows:

1. Syphilis.
2. Maternal Anæmia.
3. Uterine disease and disease of the uterine appendages.
4. Uterine displacements.
5. Chronic cellulitis and peritonitis.
6. Laceration of the Cervix.
7. Intermittent fever.
8. Chorea.
9. Bright's disease.
10. Tumors.
11. Lead poisoning.
12. Reflex conditions.

Syphilis is the most important cause and is productive of the following diseases which may affect the fœtus and its appendages.

1. Diffused chronic inflammation of the decidua.
2. Polypoid decidual inflammation.
3. Cystic degeneration of the chorion.
4. Fatty degeneration of the placenta.
5. Stenosis of umbilical vessels.

The distinctive points in their pathology are that in the first form there occurs a hypertrophy of the decidua with an increase of cellular elements: in the second form there is a hypertrophy limited in its character and polypoid growths are to be found—the uterine follicles and decidual blood-vessels are compressed and fatty degeneration often results. Cystic disease may be secondary to the death of the fœtus as in twin pregnancies one chorion may degenerate while the other does not. In fatty degeneration the cells of the villi and blood-vessels are affected and fetal nutrition becomes imperilled. Stenosis of the umbilical vessels is rare. In reference to treatment there is no fear of using mercury during pregnancy—its dosage should be carefully watched and the best method of administering it is by inunction—thus gastric disturbance which is physiological in pregnancy is not likely to supervene in excess.

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THE TROUBLE IN THE ST. LOUIS COLLEGE OF PHYSICIANS AND SURGEONS, mention of which was made in the REVIEW of January 19, has culminated in the withdrawal of eight of the faculty. It will be remembered that these eight professors sent in their resignations some time ago, but still continued lecturing, and it was supposed they would do so until the end of the session. It appears, however, that new grievances were discovered, which resulted as above mentioned. As neither parties to the controversy have seen fit to make official statements, we refrain from giving publicity to the unauthorized utterances of either side, and for the same reason do not feel justified in expressing any opinion on the difficulty. The following is a list of the seceding members: Robert M. King, Prof. Physiology, Histology, and Clinical Medicine; William G. Moore, Prof. Mat. Med., Therapeutics, and Dermatology; G. Wiley Broome, Prof. Anatomy and Clinical Surgery; George W. Hall, Prof. Prac. Med. and Clin. Dis. of Children; Frank L. James, Prof. Chemistry ond Toxicology; L. H. Laidly, Prof. Gynecology; R. A. Vaughn, Prof. Dis. Children; A. D. Williams, Prof. Eye and Ear; J. T. Larew, Prof. Minor Surg. and Demonstrator of Anat. and Operat. Surg. The following new appointments have been made by the Board of Trustees: Ohmann-Dusmensil, Physiology and Dermatology; A. C. Bernays, Anatomy; W. W. Watkins, Prac. of Med. Dr. L. Bauer takes Clin. and Minor Surg. in addition to his regular chair. Gynecology is added to A. S. Barnes' chair. Chemistry is added to W. B. Hazzard's chair. The chairs of Mat. Med. and of Ophthalmology remain unfilled at the present writing. The students who passed resolutions pledging ourselves to leave the college with the seceding portion of the faculty have changed their minds, and concluded to remain in the college.

THE N. Y. STATE SOCIETY elected the following officers for the ensuing year: B. F. Sherman, Pres.; P. R. H. Sawyer, V. P.; W. M. Smith, Sec'y; C. H. Porter, Treas. The supporters of the national code who formed a new state society elected the following: Pres., H. D. Didama; V. P., E. D. Ferguson; Treas., John H. Hinton. On motion of Dr. Austin Flint, Jr., New York was selected as the next place of meeting, on the third Tuesday of November. We predict that the new will soon surpass the old society in numbers and influence.

THE ST. LOUIS APOTHECARY'S ASSOCIATION met February 13, to consider the complaints of some druggists who were situated near the "Anti-Monopolist." No immediate action was taken but a committee of seven was appointed to investigate and report to the Association in one week. The President was instructed to appoint a committee for each ward in the city to solicit new members. The Association has been in successful operation for more than two years and much has been accomplished in that time. It is probable that the Association will open a store of its own in the neighborhood of the "Anti-Monopoly" drug store, and the public will consequently enjoy an era of cheap drugs, and patent medicines.

CREDÉ'S PROPHYLAXIS of blennorrhœl neonatorum (instellation into the conjunctival sac of two per cent solution of silver nitrate immediately after birth) has met with great success in the maternity institutions of Stuttgart, Vienna and Berlin. It has been made obligatory at all foundling and maternity institutions of Lower Austria.

DR. ARTHUR A. JACOBUS states that one of the most active causes of inflammation or abscess of the breast, outside of the maternal causes is the frequent use of that barbarous instrument, the breast pump. To arrest the secretion of milk he recommends the external application of equal parts of ungt. Belladon., and ungt. plumbi iodidi. (American Journal of Obstetrics, December 1883.)

ALL NURSING BOTTLES are forbidden at the hopital Maternité, Paris. The children are fed either with a spoon or a glass.

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A MEETING OF A CHICAGO SOCIETY OF OPHTHALMOLOGY AND OTOLOGY which was held on the 18th of Dec. 1883, is reported in the Jour. Amer. Med. Association, Jan. 26, 1884. This is said to be its third bi-monthly meeting but no place of assembly is indicated. We felt on first seeing this report as though we had been remiss in our duties as the Chicago representative of the REVIEW in our ignorance of the existence of such a society especially as we are particularly interested in the subjects of discussion pertaining to such a society, and our proclivities in this respect known to both president and secretary. Four gentleman are said to have been elected to membership, two of whom are lately arrived in Chicago, as their names are not in the medical register published in 1883; with one of the others we are on terms of intimate acquaintance. On enquiry he expressed his utter astonishment, as he had never even heard of its existence and, of course had never applied for membership, nor had he even received any indication of his election to such a society. Our interview with him was on the third of February 1884. He is reported by said society, to have been elected on the 18th of Dec. '83. On looking over the report we find there were two papers read, respectively by the president and secretary and no mention made of any individual whatever taking any part in the discussion. This looks a little like a close corporation and the REVIEW, at any rate must make this its excuse for being ignorant of and, for the present, ignoring its proceedings.

GRANULAR OVARIAN CELL.—The inaccurate diagnosis of ovarian tumors has certainly contributed something to the mistakes of medicine and in an operation of such capital importance no means of diagnosis that with sincerity and based on practical observation can afford to be neglected. Moreover, as at the present day it so frequently happens to the general practitioner to be obliged to operate for this affection it is incumbent on him that he obtains a clear idea af the characteristic features of the fluid obtainable from such a tumor, if any advantages can be obtained from snch charasteristics. In 1873, Dr. F. M. Drysdale published an account of what he considered to be the pathognomic feature of the fluid of ovarian cysts, and called the characteristic element the ovarian granular cell. As not unfrequently happens when a man writes about something hitherto unobserved he was not understood. The cause of the misunderstanding does not appear to have been with Dr. Drysdale but must rather be referred to the inattentive reading of those attempting to follow him. One source of such an error has been in the fact that the same pathological element is sometimes found in other abnormrl developments in different parts of the body. But Dr. D. distinctly points out the fact that he does not pretend that it is possible to differentiate the fluid from an ovarian tumor from a tumor or other pathological process of the organism; but given the fluid drawn in good faith from the abdominal cavity he pretends to determine by the presence of the Granular Ovarian cell whether it comes from a cyst of the ovary or not. Consequently it is merely waste of time to present for microscopical examination a fluid of pathological origin taken from a part ef the body other than the abdominal cavity and expect a decision as to its ovarian character. Relative to this point the physicians interested in the case can scarcely be in doubt—he can scarcely mistake an abscess of the abdominal wall for an ovarian tumor.

DR. Drysdale, returning to the subject after a lapse of ten years with the associated, extra experience in the investigation of the subject sustains the position he formerly took relative to the subject and repeats himself by saying:

"But no matter what other cells may be present or absent, the cell which is almost invariably found in these fluids is the granular cell.

"This granular cell, in ovarian fluid, is generally round but sometimes a little oval in form, is very delicate, transparent, and contains a number of fine granules, but no nucleus. The granules have a clear, well defined

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outline. These cells differ greatly in size, but their structure is always the same. They may be seen as small as the one five-thousandth of an inch in diameter, and from this to the one two-thousandth of an inch; in some instances I have found them much larger, but the size most commonly met with is that of a pus cell.

"The addition of acetic acid caused the granules to appear more distinct, while the cell is rendered more transparent. When ether is added the granules become nearly transparent, but the aspect of the cell is not changed. This granular cell may be distinguished from the pus cell, lymph corpuscle, white blood cell, and other cells which resemble them, both by the appearance of the cell and by its behavior with acetic acid.

"The pus and other cells which have just been named are often distinctly granular; but the granules are not so clearly defined as in the granular cell found in ovarian disease, owing to the partial opacity of these cells; and when the granular cell of ovarian disease and the pus cell are placed together under the microscope, this difference is very apparent. In addition to the opacity of these cells, we frequently find their cell wall wrinkled rather than granular; and further, in the fresh state, they are often seen to contain a body resembling a nucleus.

"But if there is any doubt as to the nature of the cell, the addition of acetic acid dispels it; for if it is a pus cell, or any of the cells named above, it will, on adding this acid, be seen to increase in size, become very transparent, and nuclei, varying in number from one to four, will become visible. Should the cell, however, be an ovarian granular cell, the addition of this acid will merely increase its transparency and show the granules more distinctly. This ovarian granular cell I consider as diagnostic of ovarian dropsy, and have seldom failed to find it in this fluid.

"The compound granular cell, the granule cell of Paget and others, or inflammation corpuscle of Gluge, is also occasionally present in these fluids, and might possibly be mistaken for the ovarian granular cell; but it is not difficult to distinguish them from each other. Gluge's cell is usually much larger and more opaque than the ovarian cell, and has the appearance of an aggregation of minute oil globules, sometimes inclosed in a cell wall, and at others deficient in this respect. The granules are coarser and vary in size, while the granules of the ovarian cell are more uniform and very small. Again, the behavior of these cells on the addition of ether will at once decide the question; for while the ovarian granular cell remains nearly unaffected by it, or at most has its granules made paler, the cell of Gluge loses its granular appearance, and sometimes entirely disappears through the solution of its contents by the ether."

Speaking of cysts of the broad ligament he says: "Cysts of the broad ligament can be distinguished from ovarian by the fluid which they contain. This fluid I have described as perfectly colorless, transparent, and thin, like pure water. Its specific gravity is very low. Under the microscope a few epithelial cells are sometimes discovered in it, but generally it proves to be free from objects. I regard it as peculiar to cysts of the broad ligament as I have never found it in any other abdominal cyst, and further, in the examination of ninety-seven specimens of it, I have never met with the ovarian cell in an uncomplicated case.

"But there is another variety of these growths in which an ovarian element adds to the difficulty of diagnosis. In these cases I have found the ovary incorporated in the wall of the broad ligament cyst, and, having itself undergone cystic degeneration, discharging its contents into that of the broad ligament. In this manner a tumor which commences as a cyst of the broad ligament may apparently be converted into an ovarian tumor, and lead the operator to suppose that his first diagnosis, based upon the character of the fluid, was erroneous."

The only case in which he has found this ovarian cell in a region where it could be confounded with an ovarian growth has been in

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a cyst of the kidney which furnishes a cell with similar properties. He thus describes the fluid in which they were found: "It was of a dirty light-brown color. Its specific gravity was 1.020. Its reaction was alkaline. Under the microscope it was seen to contain plates of cholesterin, coagulated fibrin, blood-cells, oil globules, and great quantities of granular cells, which, in appearance, resembled those found in ovarian fluid." Another specimen of the fluid, passed a few days later, was examined, and found to contain less cholesterin, and but few granular cells were present. Casts of the uriniferous tubes and crystals of uric acid were also discovered in the specimen. In these renal cysts, then, can be occasionally found cells which cannot be distinguished from the ovarian cell. It forms the only exception that I know of to the rule that the ovarian cell is diagnostic of ovarian fluid.

CEREBELLAR ABSCESS FROM CHRONIC OTITIS MEDIA.—At a meeting of the Medical and Surgical Society, (New York Medical Journal, September 1, 1883.) Dr. G. G. Wheelock related the case of a woman at the Nursery and Child's Hospital who, three weeks after delivery, was attacked with a slight pelvic inflammation. The temperature was only slightly elevated, and before there had been no symptoms whatever. She had been deaf for many years, the result of chronic otitis media on both sides. One night a slight discharge took place from one ear, and the patient seemed to be a little stupid and without any warning, suddenly threw her arms up and appeared to be dying; within four minutes all signs of life had disappeared. At the autopsy an abscess of an inch and a half by an inch in diameter was found to occupy the right lobe of the cerebellum just posterior to the petrous portion of the temporal bone which was supposed to have caused death by pressure upon the respiratory center. There was also adhesion of the membranes to the bone at this point, and, with the slightest force, a thin shell of the bone was broken through and a cavity disclosed which contained cheesy material. There were no obvious brain symptoms other than the stupidity. Dr. Noyes stated that the number of cases in which such disease produced no marked cerebral symptoms was not small. Dr. Post thought it was not uncommon for physicians to tell the parents of children who had ottorhœa that they would outgrow it, and that they need not pay any attention to it. He believed, however, that it was a very serious mistake to let such cases go untreated. Dr. Noyes added that to differentiate between meningitis and inflammation confined to the region of the mastoid was sometimes quite difficult. In his recent cases, from prudential reasons, and a previous knowledge of the case, he had decided to perforate the mastoid as early as the fourth day. He had also made an ophthalmoscopic examination to see if there existed acute inflammation of the optic nerve on the side corresponding to the ear lesion. Optic neuritis, however, did not exist, but one portion of the nerve was found to be intensely vascular, while the remainder was normal. Dr. A. Matthewson (Medical Record) reports the following case: A case of chronic suppurative inflammation of the middle ear, with mastoiditis, in a child of eleven years, apparently perfectly and permanently cured for months, when, after indiscretion in diet, vomiting occurred, and other symptoms, which seemed at first due to gastric and hepatic disorders. After two weeks, during which there were no marked or certain symptoms of brain complication, the child died in convulsions, and autopsy revealed abscess of cerebellum. There was pus between dura and tegmen tympani, but the bone was not carious. The ear and mastoid seemed healthy.

A NEW METHOD OF APPLYING REMEDIES IN ECZEMA MARGINATUM and in ring-worm in general has been devised by Dr. R. W. Taylor (Journal of Cut. and Ven. Dis.). He has always placed much confidence in bichloride of mercury as a parasiticide and has generally used it in alcoholic solution, its efficacy being thereby much enhanced. He employed a two-grain solution of bichloride of mercury to the

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ounce of alcohol, in a certain case, and increased the strength to four grains as the progress was not satisfactory. The rings of eruption (eczema marginatum) advanced and the pruritus was only relieved for a limited period after each operation. It occurred to the author that if some article could be found to fix the parasiticide and prevent its being rubbed off, a cure would soon be effected. The thought occurred to him to paint over the parts after the application of the solution, with tincture of myrrh. This formed a flexible coating and the patient felt much better the next day. This was continued, and, in a few days, the patches and rings became less red, the papules less salient, the pruritus was relieved, and within a fortnight the disease was cured. The simple and compound tinctures of benzine act in the same manner. The discomfort in the application is very slight. The bichloride of mercury dissolves readily in these tinctures, and they may have a large application in the treatment of skin diseases and ought certainly to be extensively tried in in the parasitic diseases.

THE DEATH OF DR. GEORGE ENGELMANN, which we announced in our last issue, occurred at 5:30 o'clock P. M., February 4. He had been ill for about a week and was only considered dangerously so about three days before his death. He passed away just two days after the seventy-fifth anniversary of his birth. Dr. Engelmann was born in Germany, at Frankfort-on-the Main, February 2, 1809. His university education was acquired at the universities of Berlin, Heidelberg and Wurzberg. In 1832 he came to the United States and three years after setting foot upon the eastern shore of the country he found himself in St. Louis. Here he began the practice of medicine and continued the study of it and other sciences. In the year 1836 was founded the Western Academy of Science and Dr. Engelmann was one of the founders. For a number of years the society flourished and then died. He was one of the originators of the St. Louis Medical society, and was for some time the president of that body. In 1856 the St. Louis Academy of Science was organized and he was one of the founders, and for many years he held the position of president of that body. Throughout this country and in Europe Dr. Engelmann enjoyed the distinction of being one of the finest botanists of America, second, in fact, to only one—Prof. Gray. During a period of 47 years he made it a practice to take meteorological observations several times a day and he continued this practice until two days before his death, when he took his last observation. For some time past he had been preparing a pamphlet upon his meteorological observations for the period named, and it was only on the day of his death that the pamphlet, a document of much importance to the meteorological history of the Mississippi valley, was returned from the printers. Besides the pamphlet mentioned the doctor published a number of others upon various scientific subjects. He was the oldest practicing physician in St. Louis, and always manifested great interest in everything connected with the profession. The illness which carried of Dr. Engelmann was pneumonia; his wife died several years ago. The only child born to him is Dr. Geo. J. Engelmann, one of the associate editors of the REVIEW. Appropriate commemoratire action has been taken by the various medical and scientific bodies of which Dr. Engelmann was a member and founder.

THE NEW YORK STATE MEDICAL ASSOCIATION held its seventy eighth annual meeting in Albany on February 5, 6 and 7. As was anticipated the discussion of the "New Code" was a prominent feature of the meeting. A resolution for the restoration of the National Code was defeated by a majority vote, hence the New Code stands as previously adopted. The result of this vote is the organization of a new state society by the adherants of the old code. Definate action on the subject of State examinations was postponed until next year; it was, however, evident that the society was in favor of such examinations, the only difference of opinion, being in regard to matters of detail. There is no ques-

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tion that such a law is a crying necessity, and it is only a question of time when every State in the Union will be forced by public opinion to separate the teaching from the licensing powers. It is useless to look to the medical colleges for relief in this direction, financial considerations with them are paramount; and even the best schools of New York and Philadelphia, though their facilities for teaching may be equal to those of the best schools in world, do not hesitate to send out graduates lacking in every respect the essentials of a reliable physcian, and we wish to remark right here, that New York colleges are more culpable in this matter than any of the so-called "Western Schools." The scientific work of the meeting was, as far as we can see from the reports, not of so high a character as might be expected from the "Medical Society of the State of New York;" this may be accounted for to some extent by the fact that other matters largely occupied the attention of the society; the country has a right to look for something above the average, from such a society, but it will in this instance be disappointed.

CONTRIBUTIONS.

THE BACILLUS TUBERCULOSIS AND THE ETIOLOGY OF TUBERCULOSIS. IS CONSUMPTION CONTAGIOUS?

Second Communication. Read before the Philadelphia County Medical Society, November 14, 1883.

BY H. F. FORMAD, B. M., M. D.,

Lecture on Experimental Pathology and Demonstrator of Morbid Anatomy in the University of Pennsylvania; Mutter Lecturer in the College of Physicians of Philadelphia.

[CONCLUDED.]

III. — TUBERCULOSIS, WITHOUT PREDISPOSITIONS, DUE TO INFLAMMATION OF SEROUS MEMBRANES.

For some years I felt much interested in the question whether or not simple inflammation of serous membranes could lead to tuberculosis in the non-scrofulous, that is in persons which have no family history of tubercular disease; and I would like to ask the opinion and experience of the members of the Society upon this question. It is well known that there may be primary tuberculosis of serous membranes, producing secondary inflammations; and, on the other hand, tuberculosis secondary to adhesive pleurisy or peritonitis is also common in serous membranes. The general belief, however, is that whenever tubercular disease in either case occurs, if not secondary to phthisis or tubercular disease elsewhere, a strumous or scrofulous condition is required.

Traumatic injuries of joints are known to lead often to fungoid (tubercular) synovitis and general tuberculosis occasionally in individuals with good family history. Simple injuries of the eye-ball (the anterior chamber as well as joints is lined by serous membranes), under conditions as above-stated, have also been known to lead to tuberculosis, as recorded by Wolfe (British Medical Journal, March, 1881); Gradenigo (Annale d'Oculistique, 1870).

Dr. M. Litten,* of Berlin, was the first to publish some account which demonstrate that miliary tuberculosis may be caused directly and primarily by pleurisy and inflammation of other serous membranes in persons with no phthisical history, and without any cheesy masses being formed in any part of the body. In his (Litten's) experience this was particularly the case when there was a rapid reabsorption of the exudates in case of chronic pleurisy, or if repeated removal of the fluid of a hydrothorax or ascites by tapping has been performed. He records several well studied cases of that kind, accompanied by autopsy records. Litten's observations at no time, however, received their well deserved attention.

Not only clinically, but also pathologically this part of the tuberculosis question is rather neglected. In text-books of pathology the occurrence of primary tubercle in adhesive bands is incidentally mentioned, but no special consideration is devoted to its etiology and manifestations.

Upon the autopsy table I have repeatedly met with subjects with exquisite primary tubercular peritonitis, pleurisy or pericarditis, which, upon inquiry into the history of the cases, failed to reveal any phthisical or scrofulous history. The products of these inflammations were often plastic in character,

* M. Litten, Sammlung Klin. Vortrage, No. 119. Ueber acute Miliartuberculose, 1877. For further references see Wiener Med. Presse, No. 36, 1882; Charite Annalen, vol. vii, Berlin; Krankheiten der Respirations-Organe, in Virchow's Handb. der Spec. Path. und Ther., vol. i; Virchow, Geschwulste, vol. ii, p. 725, etc.; also, Formad, Transactions of the Phila. County Med. Society, and of the Pathological Society, for 1882-83.

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not unlike those of fungoid synovitis. The appearances sometimes present themselves particularly strikingly in the peritoneum; all the viscera may be glued together by plastic material into a solid mass. The omentum is usually retracted and matted together into a solid cord or mass, which, lying parallel with the transverse colon, reaches across the abdominal cavity, and may have a thickness of from two to four inches; the mesenteric and other lymphatic glands are usually normal, but sometimes in advanced cases may be much enlarged and more or less cheesy. The perfect absence of any cheesy focus in the body is, however, often a conspicuous feature in these cases.

Some pathologists deny the tubercular nature of these formations and of the flat nodular masses which cover the serous surfaces in these cases. It is true that fibroid changes predominate in these formations; but numerous tubercle nodules, with all the necessary attributes, epithelioid and giant cells, and necrotic changes, were plainly seen in all cases which I had occasion to examine. Secondary miliary tubercles of quite recent date are also found thickly strewed locally in these parts, and may or may not be seen in the lungs and other organs. As a rule, there is more or less acities in these cases. My colleague, Dr. E. O. Shakespeare, has recorded similar cases, and Dr. Morris Longstreth tells me also that he had seen and studied such cases. Dr. Mitchell Prudden describes (New York Med. Record, June 16, 1883) an allied case.

In chronic adhesive pleurisy there occur similar primary tubercular formations in the organized plastic exudate which in some cases gives rise to secondary (miliary) tuberculosis of other organs. The lungs may be perfectly normal in all parts, and show only peripherally, just below or bordering the pleura, some indurations of gray color made up of recent tubercle tissue. These young tubercle infiltrations are in some cases seen to have penetrated into the substance of the lung, like in a pleuro or dissecting-pneumonia, directly from the old tubercular masses of the adjacent pleural membrane.

I have also examined several cases of plastic adhesive pericarditis, and found the plastic vegetations in this lesion to contain tubercles; two of these had coincident pleuritic lesions.

Cases which came under my observation during the last eighteen months—*i. e.*, since the opening of the bacillary campaign—were, of course, carefully examined for bacilli, and the results may be summarized as follows: bacilli were found in most of the lesions, if the tubercular disease of serous membranes was accompanied by cavities and cheesy masses in the lung, or by tubercular ulceration of the intestines, and if cheesy changes in general were prominent; but no bacilli could be discovered, even after repeated and careful search, in any of the lesions of four cases of primary peritoneal and pleuritic tuberculosis examined. In none of these latter four cases were there any conspicuous cheesy changes in any organ, and no cavities or marked hepatizations in the lung, and no intestinal ulcers, although in two there was slight pulmonary miliary tuberculosis. These cases will be recorded in detail in a future publication.

I have also seen several cases of primary tubercular pleurisy and pericarditis, and a few of primary tubercular peritonitis, in the pathological institutes of Virchow in Berlin, and of von Recklinghausen in Strassburg. I questioned these foremost men of pathology concerning the etiology of these lesions. They, as well as Rindfleisch, of Wurzburg, told me personally their opinion, stating their firm belief that these lesions often directly originated from simple chronic inflammatory changes, without the agency of any cheesy focus, or any specific agencies whatsoever. Birch-Hirschfeld also states, in his classical pathological work (page 183), that "nearly every exudative pericarditis and pleurisy leads to a local tuberculosis, if it takes a chronic course."

How often primary tubercular lesions of serous membranes occur in non-scrofulous persons, and whether this is the only form of tuberculosis in this class of persons, is, of course, a matter of speculation, until thorough statistics and careful studies are made in this direction. Nevertheless, it is a demonstrated fact, as I will show further on, that primary tuberculosis can by produced in the peritoneum of animals, like the dog, which are proved not to have any scrofulous tendency. I have seen this myself, and seen O. C. Robinson in my laboratory succeed in this experiment, by the introduction of simple irritants into the peritoneal cavity. Koch also never succeeded, even with the bacillus, in producing tuberculosis in the dog, except when using the peritoneal cavity or the anterior chamber of the eye (which is also a serous sac) as a point for inoculation.

Here is room for hypothesis. I would prefer to believe that tuberculosis could occur only in scrofulous persons, as this would better agree with the scrofulous anatomy. It is, however, possible that a scrofulous anatomy of the tissues may be artificially established by the blocking up of the lymph-spaces of

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the serous membranes, by fibrine and molecular débris, suspended in the serum which is being reabsorbed. This would then be a mechanical process, and not one of infection. If an inflammation occur in serous membranes, resolution becomes difficult through the peculiarity of the exudate. This is fibrinous mainly, and forming extensive, usually permanent organized deposits, it impairs the function of serous surfaces quite materially; the reabsorption of new exudates is probably lamenting entirely impossible. Thus conditions may possibly be created in serous membranes, not unlike those of scrofulous tissues, and simple irritants, perhaps the fibrine, may induce in them a similar reaction.

IV.—Question of Contagiousness. Clinical Aspects.

The idea of the contagiousness of tuberculosis is not now new and, like other unfounded views in medicine, it has oscillated, like all fashions will, from one extreme to another for many generations. At present it is entertained by a number of scientists and by a part of the profession. This view has called forth, from time to time, a number of researches whose results were either pro or contra. I will refer to these subsequently.

Of late, it appears that the belief in the contagiousness of tuberculosis has won considerable ground, not so much on account of accurate observations, as on account of Koch's discovery of the bacillus tuberculosis.

Another element, which seems to have had an influence in this direction, is the fact that certain experimenters, formerly believing, from their own experiments, that tuberculosis was non-contagious, were led, later on, to change their opinions on account of the results of subsequent experiments. These latter experiments will, however, be shown not to be conclusive.

Before discussing the merits of the bacillus question, I would like first to consider the question of contagiousness from clinical grounds; and should it be proven that tuberculosis is not contagious, then the necessity for a contagium surely falls to the ground.

According to the observations of the most prominent clinicians who have paid special attention to this matter, there is not a single authenticated case of tuberculosis as a result of contagium on record. Among scores of experienced men who deny thus the contagiousness of tuberculosis it is sufficient to mention the names of Virchow v. Reclinghausen, Stricker, in Germany; Gull, W. Paget, Humphrey, Richardson, in England; Bennet, in France; and Hiram Corson, in our own midst—all men of close observation, with ripe experiences reaching over thirty to fifty years.

The statistics of the large Brompton Hospital for consumptives, for thirty-six years, with regard to the resident officials, compiled by Dr. F. Williams (quoted after the Lancet, 1883), shows that of four resident medical officers, one of whom had served twenty-five years, none had any lung disease; of six matrons, none were consumptive; of 150 resident clinical assistants, eight became consumptive and five died, but in only one was the disease developed during residence at the hospital. Since 1867, of 101 nurses, only one died from phthisis, and that after leaving the hospital. Before 1867, six died, three of these of phthisis, but only one became so whilst resident, and she had a consumptive sister. She died thirteen years after first joining the hospital, but was not there the whole time. Of thirty-two gallery maids since 1867, none developed phthisis whilst at the hospital. Of twenty house-porters, five died, but none of consumption. Non-residents:—Of nine secretaries, three were threatened with lung disease, but recovered. Of twenty-two dispensers, seven died, three of phthisis, one while at the hospital. Of four chaplains, three died, none of phthisis. Of twenty-nine physicians and assistant physicians, eight died, none of phthisis. At the Chest Hospital, Victoria Park, there have been five resident medical officers during about the last fifteen years; all are alive and well. Two matrons, neither consumptive. There were two clinical assistants appointed every three months; none known to have developed the disease at the hospital. One nurse out of fifty or sixty in the last few years became consumptive while at the hospital, and she died after a year's illness.

An ingenious plan to decide the question of the communicability of phthisis was instituted by the British Medical Association by establishing the Collective Investigating Committee. This committee sent out questions relating to this subject to all the members of the Society. Of 1028 replies received, 673 negatived the idea of a contagium, while 261 replies favored it. According to these statistics, there is a manifest majority in favor of the non-contagiousness of phthisis; yet such a plan is unsatisfactory, as the answers may be of unequal value, as their worth must be estimated in proportion to the experience and authority of the sender.

Not without interest is the observation of Prof. Corradi, of Pavia, who noted that out of 133 families in which he had cases of consumptives, in only twenty-five of the families

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were there more than one member of the family ill of that affection.

There is no proof whatever that tuberculosis is conveyed from person to person by contagion. Seeming exceptions to this assertion can almost always be accounted for in some other way.

The assertion that the wife may contract the disease from the husband, I have pointed out, in a former paper, to be untenable; and I have also indicated that a predisposition to scrofulosis may be acquired from the unwholesome mode of life led, of necessity, by such individuals. Besides, it is established statistically that nearly one-third of all deaths occurring in middle life are due to phthisis. In view of the frequency with which this malady occurs, intermarriage between scrofulous individuals may be almost as common as between non-scrofulous ones.

The view taken that children become scrofulous by contagion from phthisical parents, may be met by the fact that instances have occurred where a number of young children of phthisical parents were early removed from their homes and distributed among healthy families, and yet all, sooner or later, became phthisical.

Healthy persons have even been fed on bovine tuberculous material (which is considered identical with human tuberculous material) and have thrived on it, as is proven by the interesting feeding experiments made upon man and recorded by Schottelius (Virchow's Archives, No. 91, 1883). The circumstances which led to this experiment were as follows: In Würzburg, the sale of meat affected by pearl-disease or bovine tuberculosis is permitted, but, as some opposition to its sale once arose, a community of country people agreed to use exclusively tuberculous meat, on account of its cheapness and in order to prove that it was harmless. From October, 1867, to November, 1868, forty-nine tuberculous beeves, with well-pronounced lesions, were consumed by these people while they were under the supervision of the district physicians. In many instances the meat was even eaten raw in consequence of habit. Ever since then, those people have continued the use of tuberculous meat, and thus far no bad results have been noticed; in fact, the record says that the people referred to are unusually healthy.

NOTE.—The concluding chapter will be furnished. It refers only to the diagnostic value of the tubercle bacillus, to the deficiency of the experimental proofs for the specific action of the bacillus, and to experiments proving that tuberculosis may be induced by non-tuberculous substances and simple irritants, in support of the statements made in the body of this paper.

ABSTRACT OF A PAPER ON TREATMENT OF STRICTURE OF THE URETHRE.

Read before the Chicago Medical Society.

BY HENRY J. REYNOLDS M. D.

The author after speaking briefly of the rapid advances made in genito-urinary surgery during the last few decades, proceeded to the subject under consideration, confining his remarks to organic stricture. The author affirmed that only a few years ago, even among specialists, if a man was examined and found to have a passage of sufficient caliber to admit a No. 14 or 15 English scale, he was informed that no stricture existed. After still further testing the capacity of the urethra with No. 12 or 14, and meeting with no obstruction, he placed the patient under treatment for cystitis, backache, pain in the groins or perineum, or gleet. No importance whatever should be attached to the statement by the patient that his stream is full size. The size of the stream may afford quite conclusive evidence of the presence of stricture, but not of its non-existence. All strictures vary in the size of the circle described by the contracting band, in the width of the same, in their location and in the number in each case; so the treatment in each case must necessarily vary to some extent. It may however be classed under two principal heads, viz: that indicated in what is known as stricture of large caliber, and that applicable in those of small caliber. The object of treatment is mainly two-fold, viz: to restore the urethra to its normal caliber and to maintain the same after the normal caliber, has been secured. Before any mode of treatment has been adopted the normal caliber of the urethra should be ascertained; which can be very accurately done by the use of Otis' urethrometer. For either large or small calibred strictures the author prefers internal cutting and stretching with Otis' instrument to all other methods. He always, however, provides the patient with a full sized sound with instructions to pass it every few days for an indefinite length of time after the operation. If the stricture be too small for this instrument he enlarges sufficiently to admit it first with Thompson's instrument, and then uses the Otis' instrument, carrying the enlargement even be-

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yond the normal caliber to ensure the absolute and complete removal of all obstruction, without which the cure is liable not to be permanent, the smallest amount of obstruction, or contraction remaining, he claims will furnish ground work for future gleet. In cases of stricture of small caliber should all efforts at passing an instrument into the bladder fail the external perineal operation must be resorted in, a general discription of which is unnecessary. The author then gave a report of several cases treated by different methods showing the comparative merits of each; among which was a case of extreme stricture involving external perineal urethrotomy without a guide in which ever the prostatic portion was contracted in its anterior part. In this case a pocket an inch deep and large enough to admit the finger extended upwards and backwards in front of the prostate; the septum between which and the urethra he cut across.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

Stated meeting; February 9, 1884.

DR. POLLAK read a paper on Sloughing of the Cornea after the use of Jequirity. (This paper will appear in the next issue of the REVIEW.)

DISCUSSION.

DR. ALT.—My experience with Jequirity is rather limited, and especially, on account of the fact that from the beginning my results are nothing like encouraging. I thought at first that was claimed for Jequirity was true. In the the first case which I treated with it, the granulations were apparently removed, but to my great astonishment when the swelling occasioned by the use of this remedy, had receded I perceived that the granulation were there yet undisturbed. In one case I used Jequirity three times in both eyes. In the cornea of the right eye was large central leucoma; in the left cornea no disturbance whatever; under the use of jequirity, at first, no change took place; after its use the second time the leucoma in the right eye began to clear up but a pannus was caused by it over the whole cornea of the hitherto good eye. I used quinine in the case, but the pannus was not affected by it at all. The hitherto bad eye is now pretty well cleared up, so that the patient uses it for reading, while the eye which was the good before is absolutely the bad eye now. I used jequirity in those cases after I had tried all the usual modes of treatment, and after I had at first cured a very violent acute attack rapidly by treatment with sulphate of copper. After a while the patient seemed no longer to be able to tolerate blue-stone, and deeming any other treatment inadvisable, then I used jequirity; but the result was of such a character that I have not tried it again.

The reports of late respecting its use, especially within the last two or three months, are not altogether favorable. Quite a number of reports from Germany, Italy and England are to the effect that jequirity has failed. Several of these state jequirity was not able to effect a change in the condition of the cornea. This has been exactly my experience; the granulations were in exactly the same condition, after the heroic stage had passed, as they had been before. Moreover, when DeWecker made his first contribution on the subject, he had used an infusion of about the strength of one and one-half or two per cent; whilst in his second paper he recommended an infusion of at least three, four or even five per cent. It seems to me that all his results must not have been gratifying and satisfactory, else he would not have resorted to a solution so much stronger. Moreover, he at first used the bean crushed with the cortex, in the second paper he recommends the bean to be shelled. I confess I am afraid jequirity belongs to the class of remedies in the use of which we are to be very much diappointed; and surely, such experience as the doctor refers to, teaches us that we should be extremely careful in the use of new remedies through they are praised very highly and by men of high standing.

DR. DICKINSON.—I have been extremely interested in the paper presented, and regard it as a valuable contribution to our medical literature. My experience has been quite limited in the use of this drug however. I have used it in a few cases only; none of which can be considered typical cases, or in which the drug has achieved its highest results. In these the pannus was not marked, nor were there extreme granulations. I used it in October last in the case of a young lady of the age of 22 years, who had been afflicted with ophthalmia during her entire life; this had left the cornea hazy and nebulous throughout, vision extremely imperfect; she was totally unable to read, though able to walk the streets and go about alone. I had seen her about nine months previously, and for a short time had made use of the ordina-

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ry means to induce the opacity to disappear by absorption, and with some effect. She came to the city in October last, and in respect to treatment I observed to her, that though there had been some improvement under the treatment adopted in the spring I felt inclined to use a new remedy ; stating at the same time, that it might have no effect whatever; but as so little improvement had been obtained by other agents I thought it advisable to employ this. No inflammatory condition was present. Jequirity was applied and used substantially in the manner recommended by Dr. Pollak. Profuse suppuration was established after three days, during which time she suffered considerably, and was apprehensive that she was about to lose what little sight she had. I endeavored to remove her fears however, and suspended the remedy. On the next day she was a great deal better and felt very hopeful, and so continued, till her return home, without farther treatment. I heard from her in December, through her physician, who informed me that she derived more benefit from the last remedy than from all the agents employed during the summer. Hence, I should be encouraged to use the same agent—jequirity—again under the same circumstances.

In regard to the case referred to by Dr. Pollak, I doubt very much whether the loss of the eye was dependent upon this agent. It appears that she had been under treatment for several months consecutively, during which time probably all the ordinary remedies had been employed. What changes during this time may have been going on behind the cornea, of course cannot be ascertained by any means of examination by inference or by logic, all fail to throw any light on it. Who can tell but that during that time some insidious form of iritis had arisen and persisted, possibly involving the choroid, which, exactly at the time of the application of this remedy, broke out in the manner described, by the formation of an ulcer. I should be very unwilling to attribute the loss of the eye to the agent used, inasmuch as destructive symptoms did not ensue until eight days after the cessation of its use, and because immediately after discontinuance of its use the chemosis and other signs of inflammation entirely subsided.

Dr. Williams.—Mr. President, I have had three cases of ulceration of the cornea result from the use of this remedy, and I must say I am not favorably impressed with its value. The first case of ulceration was in a man from Illinois who, when I first saw him, had a small central ulcer. I used the new remedy in both eyes, as per directions. In the course of a couple of days pus developed in the anterior chamber of the eye in which was the ulcer. I continued the remedy for three or four days, and the pus continuing to increase in quantity, I thought it advisable to discontinue the remedy. The man suffered also very considerably. The pus in the anterior chamber underwent absorption immediately after the discontinuance of the remedy. I did not afterwards use it in that case, but used the old remedies for such troubles.

The second case was that of a gentleman also from Illinois, who had granulations only in one eye, but no trouble of the cornea. He was extremely anxious to return home as soon as possible, and for that reason I advised the use of this new remedy. I applied it for four or five days; it excited a very considerble degree of inflammation, but not the supurative inflammation that is desired. In the course of the treatment a very large desquanation of the cornea occurred—a large part of the central portion becoming deprived of its epithelium. The cornea was intact before the first application. At the end of about the fifth day I discontinued the remedy, failing to get sufficient suppurative action, and the man went home. He was suffering some when he left the city, and after he got home, he continued to suffer very severely. I learned from him by letter that this denuded point in the cornea increased to actual ulceration and sloughing; pus formed in the anterior chamber and filled it up completely until finally a puncture of the cornea was necessary so as to evacuate the pus from the chamber. Of course all this resulted in a very decided and permanent injury to the man's eye. I have not seen the man since, am satisfied his eye is very seriously injured by this suppurative central ulceration of the cornea.

The third case in which I had ulceration from use of this remedy was a German in this city who had extremely bad granulated lids in both eyes, and, as he had to come from Carondelet for treatment, I concluded I would use this remedy in one eye only, selecting the worst eye; after three or four days two considerable ulcers developed on the cornea, one in the center, the other towards the margin; this caused considerable trouble in the form of irritation and pain, and after a few days I considered it advisable to discontinue the remedy that the ulceration might heal. The medicine failed to produce the characteristic suppurative inflammation in this case as in the others. Such has been my experience with this new remedy, and of course I am not pleased with the results. The state-

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ment made by DeWecker in the early use of this remedy, by him, that the cornea, by its use, runs no risk," is not correct—the cornea by the use of this remedy is decidedly endangered, and I shall use it, if I use at all, hereafter, with great apprehension for the safety of the cornea. I have however, had two or three good results from its use, but more bad ones than good ones. The statement is made that the remedy is not painful; but in all the cases in which I have used it, it was necessary to use opium at night to enable the patients to sleep, in consequence of the pain due to the great swelling of the lids.

Dr. Pollak.—I should like to ask Dr. Alt whether he ever employed purulent innoculation in the treatment of pannus and trachoma?

Dr. Alt.—No, sir, I never did; I never would do it.

Dr. Pollak.—The case related in which the eye was lost was the 35th which has come under my care since the use of jequirity was introduoed here. 34 cases resulted successfully one after the other in absolute improvement and cure; some of these cases were very aggrivated, and yet the result in a few days—two weeks at most—was in every respect satisfactory. I recall the case of an old gentleman 65 years of age, from Mexico, Missouri, brought to me by a physician; he was a farmer, but had been unable to attend to his vocation for nearly 15 years on account of pannus and granular lids, as he stated to me. This statement was confirmed by the doctor who accompanied him. His eye was in a shocking condition. I could hardly perceive any part of the pupil, it was entirely covered with a net-work of blood vessels, and the lids were very thick with course granulations. I told him that all the ordinary remedies had probably been tried, but if he was willing to try the new remedy as an experiment I would like to have him do so. He expressed his willingness to do almost anything, and accordingly took board at the hospital for four weeks. I began the treatment at once and carried it on precisely as I have detailed it in the paper just read. A fresh infusion of jequirity was instilled, and a little absorbent cotton saturated wsth it was placed over the closed eye-lid and the eye bandaged. That was all that was done. On the second day inflammation had already begun, and yet there was no pain until the fourth day; on this day he suffered a great keal of pain, still not so much as to require an opiate. I told him to persevere for a few days longer. On the fifth day I was constrained to discontinue the use of the remedy entirely and recommended him to bathe his eye with warm water. From that very moment the pain ceased, the swelling subsided, and the cornea commenced gradually to clear up. On the thirteenth day not half the time, even expected for treatment, he made up his mind to go home; I desired him to stay longer; but he was determined to go, and declared he then had as much vision as he wanted. He could read all the large print in the newspoper, not only the head lines but all the large advertisements. He left for his home and since then I have received letters from his physician, who writes that he is able to attend to his farm as much as he ever did. I could mention other cases, but this was one of the most typieal. Since I met with the discomfiture with that lady I have treated three additional cases, and all of them recovered without difficulty. I am not able to say positively that the result in the case of that lady was due to the use of the jequirity, for the adverse symptoms did not occur till eight days after the drug was discontinued. My faith in jequirity is very strong. I had used it in 34 cases successfully before this accident occurred, and I think that is a pretty fair showing, a good result. I am aware, as Dr. Alt has stated, that there are a great many reports coming in now which are rather adverse to the use of jequirity, but no other remedy has ever proven one-half or one-tenth part as effectual. Nitrate of silver, blue stone, scarification, have all been tried again and again until we have been disappointed and chagrined at the result: the patient continuing to comd to the office for months without any material benefit. I can't say this of jequirity.

Dr. Hurt.—If you had a case of granular lids that had resisted all the ordinary remedies and methods of treatment, and you were satisfied that by the treatment with this new remedy you would cure one eye and lose the other, and you accept the remedy?

Dr. Pollak.—No such condition could be made. I wouldn't sacrifice the eye of any one. I don't see the necessity of sacrificing an eye. I only know that cases, which have resisted all other treatment, however judicious, improved rapidly under jequirity.

Dr. Hurt.—A man suffering from granular lids which had resisted treatment for 5, 6, 8, 10, or 15 years, and with sight almost obliterated, I think, would be very glad to accept the condition of loss of one eye by treatment which would ensure to him the restoration of the other. In this case, though the loss of one eye was inevitable and greatly to be deplored, still the grand result was highly satis-

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factory and ought to be so regarded by herself and her friends.

Dr. Pollak.—The loss of the eyes was surely a great misfortune and its unexpected occurance a shock to me. I do not guarantee anything to my patients; I cannot possibly do so. I treat my patients to the best of my ability, but never promise a cure. I would not take that risk in a case.

Dr. Williams.—Would you use it and take the risk in your own case—in your own person, if you had granulated lids?

Dr. Pollak.—If inevitable destiny had doomed me to two useless eyes, I would be perfectly willing to sacrifice one in order to save the other. And if I had granulated lids I would infinitely prefer to take the new remedy and its possible consequences, in preference to blue stone or any other remedy.

Dr. Johnston.—Mr. President; By the indulgence of the Society, I will undertake to present a synopsis of an interesting subject in connection with the statement of a physcian of this city whose specialty is gynecology; therefore my subject will be an Epitome of Historical Gynecology. Two thousand years before the time of Moses, a volume was composed and written on papyrus, which was a treatise on medicine. That book as an entirety is doubtlessly lost; fragments, scraps and statements contained in it are preserved in other works, that may be found in the royal library of Berlin, Germany. The volume referred to was written, so it is said by Egyptologists, at some period between 2600 to 3500 — a large space of time — before the appearence of Moses, the law giver, in Egypt, of whom it is written, he was a learned man, "he was learned in all the wisdom of the Egyptians." It is known however, that such a work was written. There is then a space of nearly two thousand years from the time of the Memphitic kings until we arrive at a period about 500 years B. C. At this time there lived a Greek, an aspiring young student, according to history, who went to Alexandria, where was a famous college of learning; this Greek was Hippocrates. He acquired a knowledge of all the science of medicine that was then known, and returning to Greece taught a large number of students, some say 1400 After his time appears in history another man, Aetius by name, who also studied at Alexandria. Aetius makes special mention of a number of instruments that were then known. In the works of Aetius, or Oribasius, in the fourth century, A. D., a description is given not only of a speculum, but, also of sponge tents, which were known and used before the birth of Christ. Not only that a that, a Scotchman, Dr. Simpson, of Edinburg, is credited in 1848 with having first introduced the practice of making medicated applications to the cervix, when this had been done by Aetius many hundred years before, and also medicated pessaries; dilatation of the cervix also was practiced in his day. These manipulations therefore, were known and practiced two or three thousand years ago. Caustics were also used then, to the uteras as Paulus Aegineta recorded, who having learned their use and also of uterine injebtions, as employed at Alexandria. These men understood their use, and stated that the use of them was common. That practice, was later pursued in Greece, by men at that day. Then we find still later another physcian, a Roman, Galen, who flourished in the latter part of the second century. He also studied at Alexandria. After the lapse of centuries, dynasties are changed, and with them respect for learning and veneration for libraries, accumulated by great labor and expense. Caliph Omar in 652 A. D., burned the immense library of Alexandria, some writers say, 700,000 volumes, embracing a large library also of medical books. Galen understood the use of all the instruments mentioned. Many of these described by Aetius (representations of which are given in George Wright's work on uterine diseases) were exhumed in 1818 at Pompeii, having lain buried since the year 79 A. D., viz., the catheter, very nearly the precise instrument we are now using; the bivalve speculum; and also the three-bladed dioptria. Passing over quite a long space from Galen and his time we come to Albucass who lived in the 14th century. He used the same speculum that was used by Aetius. In 1587 Jacobus Reuffens dilated the cervix uteri. Galbalchousiér in 1627 used the speculum; in 1640 Ambrose Paré used it; Jacobus Primerose, in 1798, used it in London. He was a Scotchman by extraction, a student at Oxford, thoroughly educated, who practiced in Hull, England, published at Rotterdam a work on uterine surgery in 1665, styled "De Morbis Mulierum." He used the speculum, the pessary, the sponge tent, vaginal injections substantially as used by Hippocrates, Aetius and Galen. We next refer to James Henry Bennett, who lived in London, but had studied at Paris; he published a work in England in 1845, and in this country in 1853; when he was a member of a London society and a teacher of obstetrics, he used to go with his fingers burned and discolored with caustics. His work was nothing but a reproduction of the works of Aetius, Hippo-

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crates, Galen and other writers. It is a remarkable fact that at the medical Congress in London in 1881 Dr. Bennett was the only conservative gynecologist in that body. Dr. Gossette operated for vesico-vaginal fistula in 1834 and 1835, and also used the wire suture. But Henry Von Roonhuyse operated for this condition in 1663 at Amsterdam, and Sætler at Wurtemburg. Fatio Basle operated, but failed. Professor Naegale in 1812 called attention to it and recommended the operation. Langier, Serses, Lecllemand and Jobert, Paris, also performed the operation. Dr. Simpson, of Edinburgh, about 1853, commenced the opperation of slitting up the cervix uteri; he however confined it to cases of dysmenorrhæ, depenpent upon mechanical obstruction. It is also claimed, and so stated in all our books, that Sir James Y. Simpson was the first man whoever used medicated applications, but these, as we have seen, was used by Aetius, Hippocrates, Galen and other learned men, 2000 years before James Y. Simpson was born. But strange to say they passed out of use. That operation of Simpson, we all know, had a wonderful run in this city and indeed throughout the United States. I think the first case operated upon in this city occurred in a patient of mine, in which case Dr. Pallen and his son were called in. It was a case of retroflexion of the uterus and mechanical obstruction; the operation was made by a horizontal incision which readily healed; the second time he operated the cervix was kept open with charpie, which was a partial success. I denounced it 20 years ago, and then declared that it would never be a successful practice, confirmed by actual experience, not being founded on common sense or reason. But this operation was transferred to North America about that time by Dr. Sims, a gentleman who has since achieved a higher reputation in this department of surgery than any other man, and who has recently died. In two years more than 500 cervices were slit up by him and his students. I revere Dr. Sims' memory as much as any man living (there was very little difference in our ages.); Sims had a contemporary, Dr. Bozeman, also one of our own countrymen, and whom we all know, now living at New York, who commenced the employment of this operation at the same time; he used a clamp and that was termed a button hole suture, paring the edges, taking a small shot, cutting it, and bringing the edges together and fastening the suture in this way. The results of the two modes of operation *i. e.* Sims' and Bozeman's, were about the same. But Dr. Sims is entitled to just this award and no more; first, his perseverance, and second, the invention of his speculum. The errors of Dr. Sims, let them sleep; his virtues and his successes let us ever revere; but let us not accord even to our countryman a learning, a discovery, a development that justly belongs ta others and to which they have been entitled from time immemorial Two gentlemen have been associated with him, Thomas and Emmet. Now these gentlemen have suddenly ascertained that the practices of Henry Bennett, of Aetius, Galen and Hippocrates were not necessary; they have suddenly discovered that any abrasion, laceration, or ulceration of the cervix can be cured by simply paring the edges or excising a V shaped piece from the cervix, and by this process they effect a cure. Now, from my standpoint of view, this mode of treatment is just as great an error as Sims committed in slitting up the cervix for certain diseases. I will read what one of our townsmen, the president of a West End obstetrical society says. It is a mere synopsis. This gentleman, T. L. Papin, was, until recentl, a professor in one of our medical colleges, he says: "What, I ask, was known of gynecology fifty years ago? Little indeed. What is it to-day? Almost a science, a profession of itself, a specialty complete." Now let us render to Cæsar the things that are Cæsars; let us render to those who have gone before us, though it may be for ages, and whose memories entitle them to monuments, their due. Let us build a monument to Sims for his energy, his perseverance and for his speculum, but not for operations for vesico vaginal fistula or anything connected with them.

CHICAGO MEDICAL SOCIETY.

CHICAGO, Feb. 5, 1884.

The Chicago Medical Society held a regular semi-monthly meeting, Monday evening, February 4, the president, Dr. D. W. Graham, presiding. Dr. Scott Wilson was proposed for membership. Drs. Edward A. Van Tuye, Wm. Coker, and Joseph Haven were duly elected members of the Society, Dr. S. V. Clevenger then presented a paper on

PARETIC DEMENTIA IN FEMALES, WITH REPORT OF A CASE.

He said the frequency of paretic dementia among women, as compared with its occurence among men is about one to eight. Doubtless fuller reports from European and American asylums, would show very wide differences between them and their ratios. Neumann,*

*Lehrbuch der Psychiatric, 1859

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from not having seen a single case, denied the existence of paretic dementia among females.

Sankey* states, that the liability to this psychosis is in the following order: Males of the lower classes, males of the upper classes; females of the lower classes, females of the upper classes.

It would appear from the suggestions of Krafft-Ebing, Seppilli, Buccola, Boyd and Danillo, that there is a marked relationship between the menopause and paretic dementia. The mental disturbance of this period, predisposing to the psychoses; but when we reflect how extensively the climacteric figures in medical literature, as a cause for every form of insanity and other diseases, it cannot be charged with specially inducing paresis in preference to other psychoses; then, again, this period is as liable to be be coincidental, as causative.

The prevalent type is the quiet form, which may account for the infrequency of its observation by some authors. Seppilli found about one of the ordinary to three of the quiet type.

DISCUSSION:

Dr. James G. Kiernan.—There are two or three points raised by the doctor in regard to the etiology, that are not a little interesting. In regard to the connection emotional strain bears and the fact the female is the most emotional, scarcely forms an objection to Dr. Louis' point. For, suppose the female is more emotional. She is placed under a great many influences where her emotions are not very liable to be continuously excited as in the male. As a rule the female is confined to her house, and generally goes through one constant, unvarying routine of duties from day to day. The male on the other hand is the person who is the bread-winner. If he belongs to one of the speculative classes, he is continually worried, as to whether the speculation will succeed or fail. Regarding emotional insanity, it can't be said, that these two classes are on the same basis. In France dementia is most common among the very classes we would expect to find it; for here the female takes a very active part in bread-winning. Among them we find quite a percentage of paretic dementia. In regard to the question raised as to the menopause, as the doctor remarks it is by no means of so much importance for in the larger proportion of cases, it occurs after the menopause; between the ages of forty-five and fifty years, while in male the attacks are much less infrequent, at that age in proportion. If we come to where they bore the menopause, and peculiar vaso-motor disturbances occur, it is not said, that the menopause act as predisposing cause of this affection. The case noticed by the doctor is one of those cases not infrequently observed, but not frequently reported where paretic dementia as caused by defective formation of the brain. It has been not a little striking to me, while passing through this city, to find in an old case of primary monomania, that it was a case of dementia supervening upon paresis. Congenitally differing conditions of the brain do act as predisposing causes. The doctor has raised another point in regard to the etiology, mentioning sexual and alcoholic excesses in this connection. That has been a very favorable hypothesis of many, but statistics are utterly worthless here. There is no doubt that these excesses do give rise to a few cases, but they are exceptional. In a certain district in British Guiana, where sexual and alcoholic excesses are very frequent, where syphilis is comparatively frequent, the affection is comparatively unknown. The only case which the physician at an asylum had was a European, and he came from Europe in that condition, the slaves of the same kind of affection are comparatively rare among the Irish. While waving the point in regard to sexual excess, it is known that among the Irish, alcoholic excesses are very freqnent.

Dr. Robt. Tilley.—Dr. Kiernan has referred more especially to the probability of emotion as a cause of this difficulty, referring somewhat extensively it seems to me to the simple act of bread-winning. Now, it is not best to place too great an amount of value upon that particular feature which affects more especially the male part of the community. Take for instance the greater part of our mechanics, the greater part of our laborers generally, really constituting the bulk of the male class. Now I don't see very much anxiety or any thing in the way of overwhelming emotion in these people with respect to the simple act of earning sustenance for their families. The mechanics are engaged in regular work, get regular pay, have comparatively little anxiety in comparison with the mother who has the disposal of his money, in regard to making both ends meet. Members of the Board of Trade, and that class of men, are very much more liable to be influenced by emotion, if this is able to produce the condition. A very large part of the male portion of the community can hardly be brought under that category.

Dr. Kiernan.—In regard to Dr. Tilley's objection, we can't put it as positively as he puts

*Lectures on Mental Disease.

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it in regard to mechanics, men who belong to the working classes. If we examine into the cases which occur we find that the speculative classes, and the classes exposed to vicissitudes furnish a much larger proportion than any others. We find also that the class of people at home in Ireland leading comparatively easy lives, coming to the United States, passing from the hand-to-mouth struggle for existence, have passed into this condition. In Guiana under favorable conditions we find the affection unknown. Taking all these things into consideration, it is fair to presume that emotional strain of some kind has exerted some influence in producing this condition.

"Treatment of Stricture of the Urethra," by Dr. Henry J. Reynolds. (See paper).

DISCUSSION.

Dr. Axford.—I have been very much interested in the reading of the paper. Stricture is something I have seen something of, myself. The gentleman evidently takes the extreme views advanced by Dr. Otis, of New York, in regard to this matter. I recall a story told by a gentleman who was at one time at the College of Physicians and Surgeons where Dr. Otis lectures. Otis himself told the story. It relates to an occurrence which took place at a clinic, by Sir Henry Thompson, than whom there is no better authority on stricture. Otis was attending the clinic, when Sir Henry passed a small sized sound, withdrew it, and expressed the opinion that there was no stricture. At Otis' suggestion, an acorn-pointed sound was passed, withdrawn to a certain point, when Sir Henry's face grew red; withdrawn a little further, his face grew redder, a little further still, and his face grew very red. In this case the presence of three strictures were demonstrated, in a case which he had before pronounced without stricture. Advances in recent strictural surgery are due almost entirely to Otis. I think a little moderation in this line is essential. Excellent results follow cutting. Very good results follow gradual dilitation sometimes. It is a process attended with much less risk than cutting. In a certain class of stricture I believe that internal urethrotomy is not indicated, especially those of traumatic origin, as wounds in the perineum. These strictures have a tendency to contract to a very small size, and are very unyielding. In these, external urethrotomy is indicated—the operation, known as Syne's operation, or perineal section. As to the relative value of the urethrotome and an acorn-pointed sound, I am not certain but what the latter gives a more accurate diagnosis. * * * I am a great believer in splitting the meatus, and do it very frequently.

Dr. Webster.—I think gentlemen sometimes get a little over-enthusiastic in regard to strictures of large size. I haven't had very great experience myself, but I will relate a few cases seen in the practice of a gentleman residing in the east, and instructor in venereal diseases in a certain college. I have seen this gentleman cut strictures of large caliber in one patient who died with pneumonia. In another case the patient died with organic disease of the heart, in still another with chronic Pott's disease. The same gentleman was in the habit of removing the prepuce in cases of club-foot, bow-leg, very indiscriminately. He performed the primary operation in cases which to me looked very much like locomotor-ataxia. Otis brings the passage up to the capacity of admitting number 36; this gentleman to the capacity of admitting number 38. I would like to know whether it is now considered good surgery, in this part of the country, to operate for strictures of large caliber which can be detected by the acorn sound, and don't produce any local symptoms?

Dr. Fenn.—I think I have gained a little experience as a physician. As a physician, I had a case of stricture, and called in a surgeon. My surgical friend was eminent, but he had as great difficulty as I had in introducing the finest sound. He tried for a long time, with the finest instrument he had, but couldn't enter the bladder. We used the aspirator to draw off the urine, now the object was to save the man's life. My surgical friend determined to enter the bladder by way of the stricture. He took a fine steel sound, and persevered until he actually got into the bladder. At the autopsy I dissected that stricture, and found there was no possible way, except by the most intricate filiform passage. If that existed I couldn't demonstrate it, although I suppose it must have existed. But, the passage into the bladder was obtained by cutting up a tough fibrous structure, passing around it and entering the bladder entirely to one side of this orifice. Of course there was infiltration, poisoning and death.

Dr. Tilley.—I would like to ask the author of the paper one question relative to his usual procedure in rendering the urine alkaline. Previous to operation my impression is that the normal healthy urine slightly acid is considered absolutely innocuous unless it is allowed to decompose and become alkaline. Almost always under these circumstances decomposition sets in. If the urine is norma.

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my understanding is that in contact with the wound it is innocuous.

Dr. Paoli.—In response to a question by Dr. Paoli, the author stated he couldn't tell how many cases he had treated nor could he approximate the number. Dr. Paoli continuing said, there has been great progress made in the last twenty five years in the treatment of stricture. No doubt, many cases have been temporarily successfully relieved. Now I believe that without boasting, I have treated five or six hundred strictures in my time. I have practiced gradual dilatation, every third night, or every second night. I have succeeded without using cutting instruments. Many of these instruments have been invented in England and France, and known to me for twenty-five years. Gradual dilatation in my hands, has been more successful than the operation, although by the latter process you succeed more rapidly. If we are only a little patient, we can gain better advantage by dilatation than by cutting. Gradual dilatation is far preferable; use gradual dilatation as long as you possibly can.

Dr. Reynolds.—A question was asked as to why the urine was rendered alkaline. In cystic irritation by using alkalies, the patient is not required to urinate so frequently. Strongly acid urine is always more irritating than any degree of alkaline urine we can possibly obtain. I am not so particular to have the urine alkaline. Passing urine after the cutting operation for stricture is generally pretty painful, on account of the irritating qualities of the urine. In regard to Dr. Webster's question, as to the indications for the operation: In the first place, we are not very liable to have stricture, when there is some condition which requires remedying. If he had a slight amount of siricture, large caliber, the patient would not be operated upon. In reply to the question as to whether the doctor would operate for cystic irritability or gleet, he said: In irritability of the bladder, gleet, pain in the loins, pain in the perineum, all giving rise to these symptoms, I should operate.

Dr. Graham.—In regard to the views presented in the paper, I for one can't indorse them. In later years, if the doctor presents his opinions, I think we would find them toned down very much. I think every man who cuts stricture commits malpractice; also the operator who cuts a stricture as revealed by the acorn sound, in every case, commits malpractice. I mean who will cut all the parts supposed to be stricture, as revealed by the acorn sound. We know the normal urethra is not of the same caliber throughout. There is a difference in the caliber, and apparent constrictions in patients, who have never had symptoms of gonorrhoea, who have never had any urethral trouble. If relied upon entirely, they are fallacious.

After transacting the miscellaneous business of the meeting the society adjourned.

ITEMS.

New Books published in Great Britain last year amounted to 4,7o2 of which 163 were devoted to medicine.——The payment of Quarantine fees as claimed by the Board of Health, has been sustained in an appeal suit from the Civil District Court to the Supreme Court of Louisana.——An immediate inspection is to be made of the cities bordering on the Gulf of Mexico, and Carribean Sea, having commerce with the U. S., in order to take precautions against the introduction of Yellow Fever.——Dr. Elisha Harris Secretary of the N. Y. State Board of Health is dead. ——There were over 5,000 cases of measles in in the District of Columbia during December, '83.——Bermingham & Co., the Medical publishers have resumed business.——Dr. A. L. Ranney succeeds Dr. Spitzka in the chair of anatomy and physiology of the nervous system in the N. Y. Post-Graduate School. ——The death of Prof. Reichart, of Berlin is announced.——The following committee has been appointed by the St. Louis Medical Society to solicit funds for the J. Marion Sims' monument fund: Drs. Pollak, Maughs, Boisliniere, Gregory, and Scott. —— The hospital for contagious diseases in N. Y. city is approaching completion.—— The Detroit Lancet states that patent medicines constitute two-thirds of all the drugs and medicines sold in this country——Students of various London hospitals entertained the patients with amateur theatricals during Christmas week. The "Critic" was represented at St. Bartholomew's, and "Box and Cox" at the Dorset House Branch.———Friends and neighbors of Messrs. Bowers and Keats have presented them with an illuminated address of sympathy, and a silver salver each, also a joint purse of 100 guineas; this was independent of the sum raised by the profession to defray legal expenses in the case.———Dr. Theophilus Parvin was given a reception by the alumni association of Jefferson College, Jan. 28th. He was introduced by Prof. S. D. Gross, in a highly complimentary address, and responded in a speech which did not bear the marks of his usually good taste and literary style

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THE WEEKLY MEDICAL REVIEW.

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PARALYSIS FROM PRESSURE.—Dr. Alfred C. Post (New York Medical Journal) removed a tumor from the axilla of a gentleman which had first been noticed five or six weeks before. When Dr. Post saw it, it was between a hen's egg and a goose's egg in size; was not attended with pain, but was growing somewhat rapidly. On cutting through its investments, nearly to its substance, it appeared to be very closely adherent to the median nerve, so that it seemed likely that it was a neuroma, and that it might be necessary to excise the nerve; on cutting through the remaining investment, the tumor was enucleated without injury to the nerve. The nerve had been handled during the operation, but not rudely. Dr. Post found, the next day, that there was paralysis of both motion and sensation of the forearm and hand, not complete, but nearly so. A year or two before, the patient had had a swelling about the shoulder, which was regarded as rheumatic, it continued a number of days, and at that time he had paralysis of the same parts. The nerve, therefore, had been weakened by previous pressure or disease. The patient gradually recovered from the paralysis.

THE DISTRICT MEDICAL SOCIETY OF CENTRAL ILLINOIS will hold its annual meeting in Pana, Illinois, Tuesday, April 29, 1884. Order of exercises will be as follows: The reports of committees: Sanitary science, J. J. Connor, M. D., Palmer, Ill; Surgery, John Cook, M. D., Beecher City, Ill. Essays: Tracheotomy, J. D. Colt, M. D., Litchfield, Ill.; The Medical Border Land, Andrew McFarland, M. D., Jacksonville, Ill.; The Medical History of the Emma Bond Case, D. K. Cornell, M. D., Taylorville, Ill.; Hysteria, T. D. Washburn, M. D., Hillsboro, Ill.; The Laws of Maternity and Generation, Particularly that of Sex, Robt. Funkhouser, M. D., St. Louis, Mo.; Evolution, Amos Sawyer, M. D., Hillsboro, Ill.; Neuralgia in the Eye: Its true significance and the importance of its early appreciation, Wm. Dickinson, M. D., St. Louis; Injuries of the Head, Such as must come under the observation of every physician, David Prince, M. D., Jacksonville, Ill. From this programme it will be seen that the meeting promises to be one of unusual interest, and it is to be hoped that there will be a full attendance. The secretary being engaged in revising the roll, any one knowing of the death, or removal, of a member during the past three years is requested to send a notification of the fact to J. H. Miller, M. D., Oconee, Ill.

THE LETHAL ACTION OF CHLOROFORM is antagonized by morphia and atropia, says Paul Bert, at any rate such is the experience with dogs. Contrary to what has been previously taught, P. B. asserts that death from chloroform results from the cessation of the respiration and not from the paralysis of the heart. In one case where a dog having received a hypodermic injection of morphia the respiration was reduced to three or four per minute, whilst the heart exhibited an increased rapidity. If this is all the proof that M. Bert has to furnish on the question of chloroform not influencing the heart's action, his statement will not have much influence. The morphia alone probably produced the effect on the respiration independent altogether of the chloroform. If the first statement, however, is established by further observation, it may be a source of great satisfaction to those who use chloroform. It will be remembered that P. B. has done a great deal of good work

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on the effect of gases of various densities and proportions on the animal economy, and the statement above referred to is supported by the following observation: Various dogs were submitted to the influence of a 10 per cent of chloroform vapor with 90 per cent of air; one without any hypodermic injection; one with a hypodermic injection of atropia; one with morphia; one with morphia and atropia; the one without any hypodermic injection died in 2¼ hours; one with a hyp. of atropia died after 3½ hours; one with morphia alone remained alive after 5¼ hours; one with morphia and atropia died after inhaling the mixture 5¼ hours. On further reflection we fail to see—although we fully appreciate the observation—how this can serve as a guide to practice, as it is impossible to estimate the element of fear in the dog which had not his faculties obtunded by a narcotic. The element of fear does not enter largely into the question with the majority of our patients.

Cut Chaff as a Filling for Matresses is said to be used by Tannier in the Matérnité hospital. After every individual accouchement the cut chaff is burnt. Instead of the rubber cloth, paper saturated with pitch is used. This also serves for one accouchement only. When this practice is properly appreciated we think it will be of more value by far than all the bichloride bedstead washings. Especially will this be the case if the professor, as we have little doubt he does, subjects the said chaff to an elevated temperature previous to filling the mattress. We have before thrown out the suggestion that not sufficient attention has been paid to the question of mattresses in cases of prolonged fever.

Belladonna as an Anti-galactagogue scarcely needs additional endorsement, Mr. Montague D. MaKunna, however, states (British Med. Jour.) that in India women use it externally as a household remedy, when they wean babies. They generally keep in their houses round, flat and smooth stones to make extracts, by rubbing on them roots, nuts, wood, bark, etc., of different medicinal agents, using water, spirits, etc., as media. In the case of belladonna, they make a watery extract. In cases of small-pox, where mothers were compelled to be separated from the babies, he found a combination of five to ten grains of iodide of potassium, and five minims of tincture of belladonna given every four hours, answer admirably well; never being required to administer more than twelve doses. In cases of threatening abscess, he found a combination of iodide of potassium with cinchona a valuable remedy. Indian women use the fresh leaves of datura, and a species of stramonium as anti-gallactagogues, and castor-oil plant leaves as a galactagogue.

Massage of the Eye has been referred to by various authors of late, and in all probability been employed, in conjunction with the various remedies used, by almost every careful oculist without supposing that they were doing more than would be done by every one treating similar affections. But an Italian, Gradenigo, according to the London Med. Record, extends its use to affections of the eyeball with a view of diminishing tension. He also considers massage of service in the affections of the optic nerve. This suggestion theoretically commends itself, and should further observation corroborate G.'s experience the profession will be indebted to him for the suggestion.

Fracture of the Thigh With Extensive Laceration has suggested to Dr. G. W. Johnson the use of a thigh (Med. and Surg. Reporter, Feb. 10) splint of sheet zinc perforated as extensively as possible, consistent with strength, to admit of free absorption of discharges. The zinc was covered with a single layer of carbolized gauze. Relative to this particular part of the case he says: "The result has exceeded my most sanguine expectations; the zinc proved soothing to the wound, the discharge, profuse at first, gradually lessened, and at the end of the sixth week after the application of the splint, bony union was found to have taken place, and

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after waiting for additional security two weeks longer, the apparatus was removed, the wound examined and found healthy, fully one-half its length being healed, and healthy granulations, even with the surrounding skin, covering the remainder, with the process of cicatrization progressing rapidly."

MODIFY BUT NOT ANNIHILATE LABOR PAINS, and don't be too eager for new anæsthetics. According to the American Jour. of Obstetrics Müller's experience with bromide of ethyl has not been as satisfactory as that of Heckeman of Berlin. Its action he says is uncertain. Schatz attributes the frequent post-partum hemorrhage in England to the frequent use of chloroform. Hegar has tried various anæsthetics and always returned to chloroform. Breisley has had one case of death from bichloride of methylene.

THE RELATIVE AMOUNT OF CASEIN IN HUMAN MILK is discussed by A. V. Meigs (Med. and Surgical Reporter, Feb. 16). He establishes that it practically consists of one per cent, but that the quantity of sugar of milk amounts to seven per cent. He quotes Biedert as affirming, moreover, a chemical difference between the casein of cow's and human milk. Relating to the application of these facts to the dietetics of infants he quotes and comments on Biedert as follows: "Until we succeed in actually making the casein of cows' milk identical with that of human milk, it will be necessary to give infants only so much of it as they can digest (no matter how great the necessary dilution may be), and to make up to them with carbo-hydrates (fat, and milk-sugar), the lack of albuminates in the food." He further says; "After numerous experiments, I have come to the conclusion that the amount of casein which an infant's food should contain is one per cent. The fat and sugar in cows' milk appear to be easily digested, and in no wise different from those contained in human milk. If, therefore, one-eighth of a litre of sweet cream (which, according to Hoppe, contains nine and one-half per cent of fat, three per cent of sugar, and four per cent of casein) is diluted with three-eighths of a litre of water, which has been previously boiled, and milk-sugar is added in the proportion of fifteen grammes to the half litre, the desired cream mixture is produced, and contains one per cent of caseine, 2.4 per cent of fat, and 3.6 per cent of milk-sugar, which will be found, under all circumstances, to be well borne, and is sufficiently nourishing food." The greatest part of Biedert's admirable article consists of a detail of experiments made of treating cows' and human milk, and the caseins obtained from both sorts, with a variety of reagents, and observing the different relative effects produced. His conclusion is that "the pure casein of human milk is, in both its physical and chemical nature, different from that of cows' milk." The casein of cows' milk, when isolated, has always an acid reaction; while, on the contrary, that obtained from human milk is always alkaline. If human casein is treated in a certain way with acid, there is produced an "acid modification of human casein," which has many points of resemblance with ordinary cow casein; on the other hand, by treating cow casein with alkali, a substance is produced which shows, with many reagents, identically the same changes that are, by like treatment, produced in human milk. After careful examination of these two substances, however, Bierdert concludes that "cow casein treated with alkali is, in many respects, much more like human casein than the original cow casein, yet it always shows unmistakable differences."

THE LOCALIZATION OF FUNCTIONAL CENTERS IN THE BRAIN has received an important contribution from a well described case, associated with an autopsy, from the pen of Dr. Albert Rosenthal. Such observations are the more important as it is impossible, in the nature of the case, to bring about the conditions by experiment, and those who devote so much hard work to the investigation of such subjects in the animals nearest related to man will realize the appreciation of their work on the part of physicans by the interest

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taken in recorded cases, apparently affecting such centers and the zeal they display in following up the same, when possible, by autopsies. The whole of this case (Centralblatt für Nervenheilkund, etc., Jan. 1884,) is deeply interesting but we must confine our self to the principal facts. The patient had been an apothecary and brought to the hospitals the following history: Had suffered from apoplexy in 1878, which left as a sequel, right-sided hemiplegia. After three months, complete recovery. In 1879, another attack, which began with cramps, and the sequel was left-sided hemiplegia and aphasia. After three months the cramps and aphasia disappeared and the hemiplegia diminished. In April, 1880, a third attack followed with left-sided hemiplegia, aphasia and absolute deafness. In addition to this it was learned that he had suffered from epileptic cramps in his childhood; and that seven years previously had had syphilis. Condition on arriving at hospital in September 1882: Strong physical development and well nourished. No fever, nothing abnormal about the head, the face asymetrical. The left naso-labial fold less marked. Pupils dilated, left somewhat more than the right. Light reaction of both weak. The tongue extended with difficulty and deviated to the left. Speech reduced to a few words. Expression sorrowful. Understands absolutely nothing of questions put to him. But when by means of writing he is asked his name he writes it down. Questioned, by word of mouth, about his head or tongue, he makes no answer, but when by signs he is asked about his head he indicates by shaking his head the absence of headache, and puts out his tongue; in, when another does the same with an expression of request. Nevertheless, the sense of sound is not lost as his attention is attracted either by any noise, the noise of speech included. His capacity for understanding writing is also modified as he writes his name in answer to the question, "How do you do?" Yet he realizes his position and on the visit of his friends is fully conscious of the situation. Right upper extremity normal, left paralyzed and contracted both in the elbow and and metacarpal joints. Contracture cannot be passively changed. Galvanic and faradic excitability not diminished. Sensation and pain apparently not changed. The left leg is stretched out straight and cannot be flexed whilst the active and passive movements of the right are normal. Patellar reflex greatly increased. Assumes the horizontal position but can make some steps. Internal organs of normal dimensions. Bladder and rectum in normal condition. Beyond a weeping, apparently over his condition he was quiet and slept well. He was under observation a whole year, little or no change. About fourteen days before his death bedsores developed which rapidly increasing were followed by death, Oct. 2, 1883. The point of interest in autopsy was in the brain where encephalitis was demonstrated. It affected the right posterior central gyrus and on the left side the first and second temporal convolutions. Beyond the œdema of the membranes, over the right posterior central convolution nothing of interest was associated with them. After their removal a defect in the same place in the form of an irregular hole was revealed. The anterior wall of this hole was a small band of the posterior central convolution, the inner wall was formed by the paracentrel lobe and the posterior from a part of the remaining upper parietal lobe, the outer parts extends to the fossa of Sylvius. The bottom of the hole is composed of a tough red colored mass of uneven surface. The longitudinal diameter of the defect, after hardening is from 2½ to 3½ ctm., the transverse from 3½ to 4 ctm., the depth from 5 to 8 ctm. The right ascending parietal convolution was entirely destroyed excepting the anterior fifth over its whole length. In addition to this the bordering anterior part of the superior parietal lobe and gyrus supramarginalis was destroyed. The defect involved the cortical layers and the underlying layers of medullary substance. The remaining convolutions of the right hemisphere were unaffected. The left hemisphere exhibits a considerable diminution in width of the first temporal convolution which to the

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extent of one-third part—posterior and upper region—is destroyed. The same condition existed also, in the bordering anterior slope of the second temporal convolution which was changed into a tough red colored mass. Both convolution are deeply excavated in the direction of the supramarginalis and angularis convolution. The lesion extends about 1½ to 2 ctm. The microscopical investigation of the border of the lesion exhibited congested blood vessels—great numbers of fatty degenerated wandering cells as well as blood corpuscles changed into pigment. The ganglion cells were in a condition of fatty degeneration. The case then presents left sided hemiplegia with contracture which the post mortem associates with a circumscribed cortical lesion. Almost the whole of the right posterior central convolution which is recognized as the motor region was destroyed. The analogous case of Charcot and Pitres, where there was right facial paresis and hemiplegia exhibited, at the autopsy a destruction of two-thirds of the underpart of the left posterior central convolution. Much more interesting in the case in question is the disturbance of speech which was observed. The disturbance amounted to a complete want of comprehension of spoken words, Kussmaul's word deafness and Wernschie's Sensory Aphasia. The word deafness extended to an almost complete aphasia. The explanation of Wernicke of Sensory Aphasia as existing in a lesion of the posterior and upper part of the first and bordering anterior slope of the second temporal convolution of the left side is through this case, fully corroborated. It is interesting that the lesion attacked only these two convolutions and that in the left hemisphere no other part of it was involved. Of the eight cases in literature of word deafness associated with an autopsy, this one occupies about the third position in point of precision relative to lesion, inasmuch as in the other cases more or less of diffuse softening of the temperal lobes and also of the neighboring parts of the brain existed. It is also worthy of remark that the sensory aphasia had existed for two and a half years and yet the lesion affected only a part of the two left sided temporal convolutions and that the right-sided temporal lobe was intact. Finally the duration; two and a half years of speech disturbance is an interesting feature.

A Bad Precedent has been established by the residents of a small town near Denver, Colorado. It seems that a man by the name of Eli Madlong, pretending to be a physician, though he had never received a medical education, prescribed some medicine for a patient who died, presumably from the effects of the prescription. Whereupon the friends of the deceased, being indignant, hanged the venturesome practitioner by the neck until he was as dead as his unfortunate patient. It is not stated how the mob knew that death was the result of the medicine, it is quite evident that experts were not called in to testify, if there had been they would have shown that the medicine instead of doing harm actually prolonged the patient's life. If every doctor whose patient dies shortly after taking medicine is to be hanged, who of us is safe? Perhaps, after all, this is the true solution of the way to elevate the standard of medical education; if a practitioner knows that he is is danger of being hung unless he can prove his ability as a physician, it is probable he will take care to qualify himself before he begins the practice of medicine. In the meanwhile if every unqualified doctor is to be hung there is danger of a bull movement in hemp.

The National Board of Health.—"On Feb. 14, Surgeon-General Hamilton, of the Marine Hospital service, appeared before the House committee on Public Health to answer the charges made against him by Waring, secretary of the National Board. One of the charges was that the Surgeon-general was unskillful. To this Dr. Hamilton replied by reading a letter from the National Board written shortly after its organization, asking him to give it the benefit of his experience in quarantine matters. In reference to the charge against him that he had sought to control public opinion he denied the imputation, and asserted that the President of the

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National Board, Dr. Cabell, had attempted to pack this committee so no person adverse the board could be heard. Dr. Cabell admitted that he had written a letter to the speaker on the subject of the committee, but disclaimed any attempt to pack it. At this there was considerable excitement and commotion, not unmixed with amusement. Several members of the committee spoke upon this new turn of affairs, and Davis, chairman, said Dr. Cabell had asked him if he would serve upon the committee, but if there was any implication that he had been placed on it through any improper influence he would resign. Dr. Hamilton said he did not believe the committee had been packed, but he wanted to show that the attempt had been made. He said, further, appropriations for local boards of health was a corruption fund, and it was understood that these boards were to support the hands that fed them. He stated that responsibility for the introduction of yellow fever into Pensacola in 1882 rested on the local board of health, a protege of the national board. He showed, in relation to Waring, secretary of the national board, that the board employed him to write essays on the prevention of the introduction of sewer-gas into houses, knowing that Waring held several patents on thar very subject. Dr. Hamilton further said that when yellow fever prevailed at Brownsville, and Dr. Murray, of the Marine Hospital service, was working night and day to relieve the sufferings of the sick and dying, Dr. Smart, secretary of the national board, was writing letters, trying to get evidence to weaken the quarantine service. He called on Dr. Smart, who sat near by, to deny this, but he was silent."

It is notorious to all familiar with the subject that the national board has been using every effort to regain its lost powers, and that nothing has been left undone to impugn the character and ability of Dr. Hamilton. After Dr. Hamilton took charge of the quarantine at Brownsville Tex., the national board took especial pains to create the impression that the spread of yellow fever from that place was due to his inefficient management, and through its emissaries, who did not hesitate to make false statements, contrasted the work of the marine service with that of the national board under similar circumstances, to the disadvantage of the former. The charge that Dr. Hamilton is guilty of endeavoring to influence public opinion will appear very amusing to those familiar with the peculiar methods of the national board in that respect. The manner in which the board has used its employes, and the recipients of its drippings to puff itself and decry the marine service, is a little too apparent for concealment. Some one has always been at hand at all of the meetings of medical and sanitary societies, to secure the passage of resolutions bolstering up the board; and at least two prominent sanitary associations are "run" by its friends and manipulated in its interests. Dr. Hamilton and the service he represents have done the work better and more economically than the old board ever did and there is no reason for displacing him, except to please those who whilst in power distinguished themselves only by inefficiency, and a lavish expenditure of the public money.

WEBER AND LEOPOLD have each lately written papers—one on the condition of the mucosa of the uterus during menstruation, and the other on investigations into menstruation and ovulation,—the former denies the truth of the doctrine of a primary fatty degeneration of the uppermost layers of the mucosa, the latter shows that a follicule may rupture at any time and hence conception ensue without regard to menstruation; that the appearance of menstruation is dependant exclusively upon the state of the mucosa of the uterus, entirely ndependent of the rupture of the follicles.

ACCORDING TO THE REVUE MÉDICALE an adventurous man—professing to cure sterility by artificial impregnation, actually sued the confiding couple. He advertised an infallible cure, and gestation not resulting, the recipients refused to pay. The advertiser had to sustain the costs. The American advertiser would scarcely have exhibited such effrontery.

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M. A. GONGUENHEIM, PARIS, advocates the use of a small electric lamp which he has attached to a pair of spectacle frames for illuminating the pharynx, larynx and posterior nares.

REFLEX PHENOMENA, such as asthma, cough and even epilepsy, says Dr. Morell Mackenzie, have recently been noticed by several physicians as a result of obstruction of the nasal passages.

THE FATTY GLAND OF BICHAT has been shown by Prof. Parrot to answer an important role in nursing of infants. (Obstet. Gazette.) When the infant commences to suckle, a vacuum is formed in the buccal cavity and this gland is placed to facilitate nursing by filling up this vacuum.

IN PLACENTA PRÆVIA the principle of premature combined version followed by the expectant plan, is presenting remarkable statistics as far as the life of the mother is concerned, a mortality of 1.2 per cent. (Am. Journal of Obstetrics, Dec., 1883.)

CONTRIBUTIONS.

THE DIAGNOSIS OF ABDOMINAL TUMORS, VESICO-VAGINAL FISTULA; REMARKS ON THE USE OF THE FORCEPS.

A Clinical Lecture delivered at the Hospital of the University of Pennsylvania.

BY WILLIAM GOODELL, M. D.

Professor of Clinical Gynæcology in the University of Pennsylvania.

(Reported by Wm. H. Morrison, M. D.)

GENTLEMEN.—The first case that I bring before you is a perplexing one, and I bring it before you for the purpose of diagnosis. I have already examined the case with a great deal of care, but I am in great doubt as to its nature It shows the difficulty in the diagnosis of abdominal tumors. If I cannot, with all my experience, tell what the matter is; how much more likely will you be to blunder? The first peculiarity about this case is that the lady has a very good complexion; her lips and tongue are of good color. She has a far better appearance than you ordinarily see in abdominal tumors. She says that four years ago, she detected a swelling in the abdomen. I do not place much reliance upon these statements made by patients. Women often come to me thinking that they have a tumor, and on examination I find nothing but wind. If she had said that her physician had found the tumor, I should have placed more confidence in the statement.

This is a puzzling case, because I cannot make out whether this is a cyst or whether it is free fluid in the abdominal cavity. If it were free fluid, it would constitute abdominal dropsy, and we should naturally expect to find some cause for the dropsy. I have examined the heart and lungs carefully, but they are perfectly healthy. There is no disease of the liver, although I at first thought I detected some signs of hepatic trouble. I next turned to the kidneys and I asked Dr. de Schweinitz to examine the urine. He reports "specific gravity 1022; alkaline reaction, no sugar nor albumen. In the sediment there are triple phosphates and a few octahedral crystals of oxolate of lime." There is then no evidence of organic disease of the kidneys.

Examining the tumor, you see that it does not project as cysts usually do. It is flaccid, and on percussion you can see the wave pass from one side to the other. In the cysts that you have seen, the tumor has been tense and projecting, but here we have a tumor irregular in shape, flaccid and bulging laterally. The appearances are those of free fluid in the abdominal cavity.

If this were abdominal dropsy, we should expect to find resonance or percussion in front from the floating up of the intestines. I now percuss, but all over the front there is perfect dullness. I press deeply, but can develop no resonance. This is not a feature of ascites, but it might be due to great distension of the abdomen, which is not the case here, or it might be due to inflammatory adhesions preventing the intestines from floating upwards. Let us see if we can get the coronal resonance which is due to the intestines surrounding the cyst giving a crown shaped resonance. On the right side there is no resonance. There is more over the stomach, but on the left side in the line of the descending colon I find some resonance. The intestines may be adherent at this point.

I have carefully examined the womb. It measures 3.5 inches. It was retroverted, but I was able with the sound to raise it and make

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such motion that I feel the greatest assurance, although not positive certainty, that the womb has nothing to do with the tumor, unless there should happen to be a fibroid tumor. A pedunculated fibroid tumor may produce dropsy of the abdomen, and the patient retain fair health, because it is a dropsy from irritation.

I tell you candidly, that I do not know what this is; but I am disposed to think that it is a cyst of the broad ligament. I shall tell you why. These cysts are more apt to be florid; they last longer, from four to nine years; they interfere with the general health less than any other tumor; they rarely give pain; and they have alternations of flaccidity and distension. I have examined this woman in different positions, but the result was always the same. I shall now tap her and see the character of the fluid. I first freeze the part with ice and salt and then plunge in the aspirating needle, and immediately the fluid begins to flow. I have taken care to see that the bladder had been emptied. This is a slow way to remove the liquid, but it is a safe way.

While the fluid is flowing, I shall talk a little about this subject of tapping, because it is an operation which you will have to perform. It is not difficult to do, if you observe certain rules. Other things being equal, always tap in the linea alba, because there we find the fewest blood vessels. The point of election is midway between the umbilicus and the symphisis. If the most prominent point of the cyst is to one side, it will be proper to tap at that point. In the second place; use the aspirator in preference to the trocar. In the third place, and by the way, this should have been among the first, see that the bladder is empty. There are good reasons for this rule for the mistake of confounding a distended bladder with an ovarian cyst has often been made.

The danger from the use of the aspirator in ascites is very small, for the peritoneum has been so altered by pressure, that it is no longer so vulnerable as the peritoneum is usually considered to be. There are greater dangers in tapping a cyst, for the wall of the cyst is vulnerable, and you may have inflammation of the cyst followed by septicæmia. This has occurred in my hands. It is a good rule never to tap an ovarian cyst if you have decided to remove it, and the patieut has consented. There are certain exceptions to this rule. If the cyst were so large that it pressed on the veins, giving rise to œdema of the extremities or œdema of the lungs, it would be proper under these circumstances to precede the operation by a tapping, so as to relieve these œdematous symptoms and put the woman in a better condition to bear the operation. If you have a polycyst, it is a good rule not to aspirate, for as the large cyst is filled with many smaller ones, there are blood vessels running in every direction and there is danger of wounding a blood vessel and of having internal hemorrhage. The bleeding may come from a vessel in the wall of the abdomen. If there is internal hemorrhage, which you determine by the ordinary symptoms, the best things to do are to include the point of puncture in a ligature, or to use an acupuncture needle, or to put in a hair-lip pin and throw around it a figure-of-eight ligature.

As I say, my rule is not to aspirate an ovarian cyst unless the patient insists upon it. A woman has a cystic degeneration of the ovary, she has heard of cases of recovery after tapping, and she insists upon having this tried. An interesting case occurred in the practice of a physician out west. A woman came to him with a large tumor which he diagnosed to be a cystic tumor, and told her that nothing would cure her but an operation. She had however, heard of a notorious nostrum which cures everything under the sun and began to take it. A day or two afterwards she met with an accident which ruptured the wall of the cyst, and at once she began to pass large quantities of water which she attributed to the use of the Panacea. The result was that the tumor disappeared for several months, but it soon refilled and the doctor had to remove it by operation.

I had a case two weeks ago which shows the danger of rupture of the cyst. A lady was brought to me accompanied by her husband and physician. From her appearance, I judged that she had a malignant tumor. She had excessive pain. She was very much emaciated and had taken opium in large doses. On examination I found two tumors in the abdomen, and my diagnosis was that both ovaries had ungergone cystic degeneration. She had not been so far from home for a long time. The following day she was seized with violent pain, and when her physician came, he found her in a very alarming condition. She went from bad to worse, developed high inflammatory symptoms and died in a few days. Her physician wrote to me asking the cause of this inflammation. It was clearly due to a rupture of one cyst and the irritating fluid getting into the cavity of the abdomen, produced a rapid peritonitis to which the patient succumbed. If a broad ligament cyst bursts, there is not the same danger, for the fluid is more bland.

The fluid that is here escaping has not the appearance of that from a broad ligament

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cyst. In my experience such cysts contain a limpid, pearly colored fluid, sometimes having a greenish tinge. From the appearance of this fluid I should say that it came from an ovarian cyst, but before submitting her to an operation, for which she is prepared, it is my duty to have this fluid carefully examined. There is now some resonance over the stomach. You may ask "why can you not feel the cyst wall?" This cyst as far as I can discover, is unilocular, and is so thin and collapsed that I cannot feel its wall.

I shall apply a strip of adhesive plaster over the puncture and keep her in bed for forty-eight hours. In cases of abdominal dropsy, I sometimes put on a binder, but as a rule I do not after tapping an ovarian cyst. If the abdomen is very flaccid and the woman feels more comfortable with the binder, I use it.

VESICO-VAGINAL FISTULA, REMARKS ON THE USE OF THE FORCEPS.

The next case is a very distressing one of a woman who, as the result of a several days labor, had a very bad vesico-vaginal fistula. She was attended by two good physicians. I have told you one thing over and over again, and I want to reiterate it. I say that there is a tendency in this age to use the forceps too frequently, and the results are laceration of the perineum and laceration of the neck of the womb. These two lesions are very frequently, although not always caused by the use of the forceps. When I come across a very bad tear of the perineum, I am pretty sure to find that it has been a forceps case. I say that when you graduate, you will not be skillful enough to deliver a woman safely all the way through with the forceps. You will turn the head out too quickly. I myself do not feel warranted in delivering a primipara all the way through with the forceps, unless it is absolutely called for. My rule is to bring the head down to the perineum, cause it to bulge, then take the forceps off, and allow nature to finish.

There are certain cases in which it is proper to put on the forceps and that is where the head often it is engaged in the superior strait, does not descend. Under such circumstances, I should advise you as young men, to call in a brother physician to assist you, but when you live in the country, four or five miles from any other physician, you cannot do that. The country is a splendid school. It developes pluck and courage.

I have forgotten her history, so I shall ask a few questions. She says that this occurred nine years ago with her first child. She was three days and two nights in labor. That, however, does not mean anything. She might be in labor a week if the membranes were unbroken, without receiving any harm. She does not know whether the waters had come away or not, for she had convulsions. The head was impacted and the physicians had a great deal of trouble in delivering her with instruments. The child was dead. I do not know whether or not crainotomy was performed. The result was a great deal of sloughing and the formation of a vesico-vaginal fistula of large size. It had been operated on by a good physician but with poor results.

She came to me March 1st. The opening was then large enough to admit three fingers. There is one thing about these fistula which I do not think has been described, a frequent absence of menstruation. She had, in addition to the sloughing of the vagina, a tear of the perineum and as a result there was found a very sensitive cicatrix. The trouble in operating was that we could not get her under ether. Although she would be snoring, yet as soon as the speculum pressed upon the cicatrix, she would straighten herself out. I have noticed this repeatedly in laceration of the perineum with some sloughing. I managed to close up the fistula, but I had to take out one stitch in order to pass a catheter. A week ago last Sunday, I operated to close the small opening, and I shall now remove the stitches. You see that she is quite fat, and I find that the worst cases of laceration occur in stout women.

I have removed the sutures and it looks as though it were a cure, but we shall have to wait a day or so to decide that. She will now be taken to her ward. The secret of success in operating on vesico-vaginal fistula is to denude the parts and coaptat them well.

The forceps should, I think have been applied earlier in this case, but it is often very difficult to decide when to apply them. I once had a vesico-vaginal fistula occur in one of my own patients and I feel charitably towards other physicians who meet with the accident. In my case, I applied the forceps early, and with immense difficulty delivered a living child, but a few days afterwards there occurred a fistula. It was due to a projecting promotory pressing the head against the symphisis and in this way squeezing the bladder. I felt very much humiliated when I found this fistula. This took place ten years ago, but as I look back I feel perfectly satisfied with what I did. I waited a short time but as the head did not descend, I put on the forceps. When I found that an opening had formed, I put in a self-retaining catheter and made one application

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of nitric acid around the surface and every other day an application of nitrate of silver. The result was that the parts united perfectly.

SLOUGHING OF THE CORNEA AFTER THE USE OF JEQUIRITY

BY S. POLLAK, M. D., ST. LOUIS.

On May 26, 1883, I had the honor to read a paper before this Society on Jequiritic Ophthalmia,—a disease induced by the use of an infusion of the Abrns' prœcatorius—Jequirity—for the cure of granular conjunctivitis, and inveterate pannus. The very high standing of Dr. DeWecker, who first brought it to the notice of the profession, was sufficient warrant for its general acceptance.

I have never read of a remedy in practical therapeutics, which has become so quickly popularized, physiologically and empirically. Ophthalmic literature abounds in reports of the successful use of Jequirity. Trachoma and pannus, hitherto the opprobium of the oculist, has been cured at last, and that quickly in the inconceivable short time of fifteen or thirty days, and with comparatively little pain and inconvenience. The reports in its favor are almost universal. Only Prof. Jacobson, of Posen; Galazowsky, of Paris, and ——— of Ghent, think it no better than many other vaunted remedies, especially purulent, or gonorrhœal inoculation. I had treated thirty-four typical cases of trachoma and pannus, with invariable and speedy success. I was so sanguine in my belief of its almost infallibility, that I became very bold and reckless in the selection of cases, using it when there was some abrasion or even small ulceration of the cornea. The good results never varied, until a thirty-fifth case came under my care, when I met with a discomfiture, and the patient barely escaped a total loss of vision and of the eye.

While it is very agreeable to report successes, it is not the less important and instructive to let our failures be known. I shall therefore give a brief history of the case:

A woman, aged 29, married but childless, came to the clinic sometime in October, for a long time suffered from granular conjunctivitis, with moderate pannus, a good deal of lachrymation and photophobia. Vision normal when looking through tinted glasses. She had been under the treatment of a very competent oculist for many months. Her general health was not very good, being subject to bronchial catarrh, dysmennorrhœa, and malarial fevers. The family record was good. I told her, "She will have to be made worse, ere she can get well." She demurred at that, and declined treatment. But she returned of her free will in a few weeks, ready and willing to make the experiment.

Three drops of a cold and quite fresh infusion of jequirity—according to DeWecker's formula—which differs in many respects from that of Sattler and others—were instilled into each eye every four hours; a small quantity of absorbent cotton was also saturated with it and placed over both eyes, secured by a flannel bandage.

This treatment was begun on Thursday, Oct. 25. On Saturday, Oct. 27, she was seen again. A purulent inflammation of a mild character had set in; treatment continued until the next clinic day, Tuesday, Oct. 30.—five days in all. The usual purulent inflammation was fully developed, secretion profuse, a croupous deposit on the palpebral conjunctiva, considerable œdema of lids which were hard and painful. Cornea clear, and sight good. The use of jequirity was discontinued, frequent bathing and cleaning the eye with tepid water enjoined.

Thursday, Nov. 3.—Œdema of lids had entirely subsided, no pain; purulent secretion yet profuse.

On Saturday, Nov. 3.—A manifest improvement of all symptoms; treatment, with water, continued. But on Tuesday, Nov. 6.—eight days after discontinuance of jequirity, I felt shocked and disgusted, when on separating the lids of the right eye, found the entire cornea infiltrated with pus and a small slough in its lower aspect. Not a trace of pupil was to be seen. There was also large chemosis, with a superabundant purulent secretion. The condition of the left eye was in every respect satisfactory. This was a painful surprise both to the patient and to myself. I felt, and stated to the class of students and medical practitioners present, that the right eye was irretrivably lost. I ordered ice water application, and internally quinine and opium in large doses, also atropine in both eyes.

I saw her in a few hours again, and, in fact, I have been in daily attendance upon her ever since. The sloughing of the cornea was soon arrested; the infiltration of the cornea was gradually absorbed, and it is even clearing up somewhat in the center. She can now discern objects in the room, count fingers within one foot, but the cornea is staphylomatous, with a myocephala where the slough was. The infiltration, near the periphery of the cornea is not entirely absorbed. There is neither pain nor lachryma-

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tion. Trachoma is entirely obliberated, with a smooth surface of the palpebral conjunctiva of both eyes.

This is a fair and accurate statement of the case, both prior to, and since coming under my care.

But is this condition the result of jequirity? I am not satisfied in my mind, but that the other causes may have had a large share in it. The patient and her sister have frequently stated, that the least bruising of her body, the slightest abrasion of the skin, especially when done with her finger nails, will cause an erysipelatous inflammation,—"a festering sore"—doubtless due to peculiar dyscrasic diathesis. Is it not likely, that in her frequent efforts to cleanse the eyes, she may have brought inadvertantly her finger nails in close contact with the cornea of the right eye and thus caused an inflammation of a traumatic character, ending in sloughing? If this was the result of jequirity, what caused the immunity of the left eye? And why should it have manifested itself eight days, after the discontinuance of the jequi ity?

It is proper that we refer here to the views of:

1. DeWecker, who supposes that the essential cause of jequiritic ophthalmia was some vegetable ferment.

2. Of H. Sattler (of Erlangen), who found in the fresh filtered infusion of jequirity vast quantities of a bacillus, having the following characteristics: Cylindrical, homogeneous, opaque rods of various lengths and thickness, partly motionless and partly moving about the field of vision with liveliness. After a few hours their number increases, and they are for the most part engaged in the process of subdivision. They lastly degenerate in mere chains of small spore cells. During all this time the infusion becomes more opaque, yellowish green, with a smell of putrefaction. After standing a week, the infusion becomes clear again, but it has lost all its albumen.

Boiling the infusion makes it useless. Bacillus can be cultivated in various soils, such as gelatinized blood serum, or an infusion of peas, but they do not possess the pathogenic properties of jequirity and fail to produce the characteristic ophthalmia.

Sattler concludes that there exists a wide spread and harmless bacillus which has the power of acquiring in a jequirity infusion a new physiological property—namely, that of producing a distinct form of ophthalmia if brought in contact with the living conjunctiva.

The cure of trachoma by jequirity, or by purulent ophthalmia, is explained thus by Sattler: "The soil upon which the microorganism of trachoma flourishes is incapable of nourishing it, when invaded by the microorganism of jequirity and of purulent ophthalmia respectively, and consequently the course of the trachomatous process is cut short."

"The toxic effects of jequirity, when introduced into the system have of late become known, thanks to the labors of Cornil and Berlioz. They have demonstrated that the effect of jequirity depends upon the presence of an organism—a microbe or bacterium. This organism excites a local inflammation of considerable violence, due to its growth and development in the tissue to which it is applied.

When deprived of bacteria by filtration, it no longer excites an active influence. An infusion of jequirity so prepared and preserved in flasks so as to prevent the admission of germs from the air, was injected into the subcutaneous connective tissue of rabbits and guinea pigs. They all died in 30 or 60 hours, having œdema of the skin, bacteria in the peritoneal cavity, ecchymosis of the mucosa of the stomach, etc.

Injected into the peritoneal and pleural cavity, death ensued in 24 hours; intense inflammation of the serous membranes was produced; the fluid in these cavities was filled with pus-globules, and with bacteria in the form of rods and spores, the lymphatic gland were tensified, the lungs showed signs of broncho-pneumonia; the liver presented on the surface yellowish gray patches, and on sections the same color with a certain amount of opacity; this is due to the rod-shaped organism of jequirity. Interlobular branch of the vena-porta was filled by a fibrinous clot, containing in its meshes numerous bacilli characteristic of jeguirity. Similar thrombi were found in many interlobular capillaries containing bacilli.

These interesting researches as well as clinical observations by ophthalmologists indicate the remarkable power of jequirity. In trachoma and pannus where it has been used, the therapeutic results are due to the predominating action of the remedy, and the substitution of a new morbid process for the original affection. There is doubtless danger under certain circumstances, that the bacteria of jequirity enter the organism and cause a septic state.

The experiments of Cornil andBerlioz are of the utmost importance, and to me they come bien á propos.

I have always found that only the very

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fresh infusion of decorticated jequirity is fit for use, and then, it accomplishes all its advocates claim for it; but in 4 or 5 days, the infusion becomes turbid, thick and ropy, emitting a fetid odor, showing that decomposition has taken place, putrescence begun and bacteria are generated, and it becomes then absolntely unfit for use.

Before the jequirity bean could be had in this city, I sent for the infusion to New York which was freshly prepared to order; it was clear transparent on its arrival, but it deteriorated in 3 or 4 days.

We have at last succeeded in getting a supply of fresh jequirity beans and the infusion is carefully prepared here. and with exactly the same results.

I attempted to prepare a sterilized infusion of jequirity in the following manner;

1. Boiling distilled water was poured into a previously well heated flask, through a funnel partially filled with absorbent cotton, the flask was corked and set by for cooling.

2 The jequirity beans were bruised, decorticated and put into a previously heated flask, the mouth covered with absorbent cotton. The now cold sterialized-water prepared the day before, was poured on the powdered beans through absorbent cotton, and left undisturbed for 24 hours. Sterilized warm water was then added in sufficient quantity.

3 On the next day the filtering process was carried on under a previously heated glass retort, so as to prevent any ingress of germs from without and also the bacteria from the jequirity.

I may not have succeed in sterilizing the infusion completely.—(I am not familiar with Gautiers, method, but followed Pasteur's instruction to the Egyptian cholera commission). It certainly did not exhibit any sign of decomposition in eight days.

Transparency, density, freedom from odor was quite good. I have tried this sterilized infusion in two cases, in the usual manner, and with excellent result. The onset of the inflammation was not rapid nor as violent, but a speedy cure of the trachoma and pannus was effected.

The conclusions I have reached are:

1 Jequirity is by far the best remedy, which has been hitherto used for trachoma and pannus.

2 It does all, and more speedily, that has ever been claimed for purulent inoculation, minus the repulsiveness of the last remedy.

3 The infusion of jequirity must be used only when perfectly fresh. After four or five days it swarms with bacteria, the danger of their entering the tissue and causing a septic state in very great.

4 Sterilizing the infusion requires much care and labor, and may not always be practicable. It will doubtless retard the decomposition but it will not prevent it entirely.

5 The full therapeutic utility of jequirity will only be attained, when chemistry will have succeeded in preparing an alkaloid of it, which will keep—and the strength of it is properly known.

MORBUS MACULOSUS WERLHOFII.

BY DR. PHILLIP LINGENFELDER.

Paul Gottlieb Werlhof was born in 1678 and died in 1767. He was a Hanoverian court physician, and acquired great reputation by his masterly description of intermittent fever, a disease which no one before him had observed with such attention or described so clearly. Nobody had so thoroughly explained the use of Peruvian Bark in malignant intermittent fever, or so completely.

In the year 1776 he described the disease named after him, Morbus Maculosus. This disease affects children and adults, the well-nourished and the weakly, the hygienic and unhygienic. As regards the etiology, according to Wunderlich, psychical impressions, exhaustion, and insufficient nourishment influence the origin of this disease. Bouchut does not doubt that the disease can be experimentally produced by the administration of large doses of alkalies. Couty believes it dependent upon nervous disturbances and considers the cause to be irritation of the sympathetic. L. M. Petrone believes it to be an infectious disease. After a large series of experiments he arrives at the following conclusions: Morb. Mac. Werlh Idiopathicus is of an infectious nature. 2 The disease can be experimentally transmitted from human beings to rabbits; and the infectious principle is transmissable from rabbit to rabbit. Petrone having shown the infectious nature of the disease, at least in his cases proceeds to cite two observations which in his opinion, belong to this category. The first, by Barthélemy, is the case of a man 46 years of age who died after a short attack of pupura hemorrhagica and in whose blood were found a few isolated micrococci and whole colonies of them in the white blood corpuscles. The second case treated by Jaksch, dissected by Klebs, and reported by Ceci, was at first taken for a case of scarlatina hemorrhagica. With the blood of this patient a rabbit was infec-

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ted, which died two days after of hemorrhagic disease. From this rabbit five vaccinations were made; several of the animals died and only two were found without hemorrhagic symptoms. Cultivations from human blood on gelatine remained sterile, but those cultivated in urine displayed intense activity in several rabbits. In all animals examined the blood contained small, round, oval glistening, mobile micrococci; mixed with these were bacilli, sometimes isolated, and then again in groups. He therefore believes that these two cases, of whose infectious character there can be no doubt, may be considered as case of idiopathic Morb. Mac., and as examples of a peculiar infectious disease, sui generis.

Morb. Mac. is characterized by small circumscribed blood spots—ptechiæ—or by ecchymoses of the skin; extravsations also appear on the mucous membranes. The extravasations can occur as result of a rupture of blood-vessels, or the passage of corpuscles through the walls of the blood-vessels. From scorbutus morb. mac. may be distinguished by the absence of the peculiar mouth symptoms, ulcerations of the skin, the characteristic exudates into the subcutaneous and intermuscular tissues, and the hemorrhagic inflammation of the serous membranes.

On the twentieth of November 1881, I was called to see a seven year old boy. The patient, a hearty child of healthy parents, exhibited dysenteric symptoms, violent abdominal pain, tenesmus, and frequent small bloody stools, and vomiting. The fever was very moderate 99.8 On examining the abdomen which was tympanitic, I discovered large pupura spots and also found them them on the thighs. I ordered bismuth with some opium, and had hot fomentations made. On my next visit I found that the spots had made their appearence on the scrotum, and on the lower extremities, I also noticed numerous small apoplectic spots on the aural and nasal mucous membrane. I diagnosed for the first time in my practice. Morb. Mac. Werlh. Quinine, with an excess of sulphuric acid was then given; after three days, however, the intestinal symptoms reappeared, combined with the vomiting and intense colic.

For some time the stools continued bloody, the temperature 99°, pulse never over 108° I ordered fl. ext. of ergot, and tr. ferr. chlorid. On December 10 the patient did very well, having only a trace of the pupura spots, and on December 22, I declared him convalescent. The comparative rarity of this disease caused me to look up the available literature on the subject, which I now partly place before you.

Prof. Henoch from October 14. 1868 to the summer of 1883 observed four similar cases in children from four to fifteen years of age, all of which ended favorably. He found the combination of the pupura with the intestinal symptoms characteristic, just as I did in my case, besides this he calls attention to rheumatoid pains and in three of his cases to moderate swelling of several joints. It was furthermore characteristic in his cases that the symptoms assumed a periodic form. with intervals of several days, as many as eight, between the exacerbations. In three of his cases the symptoms returned periodically for from three to seven weeks, and in one case for three months, until convalescence ensued. These periodic outbreaks were nearly always preceded by rheuamtoid pains in the joints, the fingers, wrists, or ankles, sometimes there was also, swelling, not attended by immobility as in rheumatism. The pupura spots in two cases soon formed into larger echymoses, raised slightly above the level of the skin, which did not disappear on pressure. These spots appeared especially on the abdomen, the genital region, and the lower extremities, but he did not observe them on the face. In regard to the intestinal symptoms he observed the repeated vomiting, the intense colic, the tympanitis, and in one case tenesmus, furthermore, the evacuations were pure blood. The fever was always very moderate, sometimes even wanting. Henoch, also, relates a case of Vallin's of a soldier who had pupural, bloody evacuations, and rheumatoid joint symptoms, which ended in recovery. In two other cases the disease appeared in adults and ended fatally; in both of these cases an autopsy was made. The first is reported by Wagner. In addition to the symptoms recorded by Henoch, albuminuria and considerable fever were present and the case lasted four weeks. The autopsy showed a purulent peritonitis, decided enteric inflammation, numerous superficial ulcerations of the intestinal mucous membrane, follicular enlargements, and in many places there were diphtheritic patches.

Zimmermann has reported the second case clearly. Here the diarrhœal discharges were free from blood, the pupura spots very numerous, and the colic intense; these symptoms continued for months, and at last when death ensued from exhaustion, the autopsy showed a fibrino purulent peritonitis and on the mucous-membrane of the ileum, there were 150 ulcerated spots. The tunic adventitia of the arteries and also to some extent, the media was thickened considerably by an infiltration with cells and nuclei. The caliber of the smaller arteries was not destroyed, though in

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many places reduced. There was no evidence of emboli, the heart in both cases was found normal.

Taking all these cases together, they have so many characteristics in common, there can be no doubt that the uniformity of symptoms is something more than accidental. It might be supposed that they might be classified as purpura or peliosis rheumatica, still this would be hardly justifiable as in these the intestinal symptoms are absent. Henoch believes that the name morbus maculosus is a collective term and was used to describe a group of diseases. In the Archiv. of Gynecol. Vol. 17, part 3, Dorn reports that he received a pregnant woman into his clinic who was suffering from morb. mac. Werlh. By careful attention she recovered, and lost the spots before her confinement. The child showed the same disease during the first days, but it soon disappeared, having intermitted on the second and fifth days. Couty also published the case of a thirteen year old boy, who repeatedly and at irregular intervals had acute attacks of pupura on his extremities, these would soon disapear, only to make way for a new attack. At the same time there was painful œdema of the joints, and repeated attacks of vomiting, and colic. As an instance of morb. mac. Werlh. Stroganow cites the case of a 26 year old woman who while in labor was attacked with pupura spots on the face and the extremities, and died soon after labor. The autopsy showed hemorrhagic spots at various points, particularly in the endocardium, the mucous membrane of the stomach the pleura, the arch, of the aorta, vena cava. Microscopically at the hemorrhagic spots changed and unchanged blood corpuscles were seen, which had penetrated the vessels.

The blood corpuscles in the coats of the aorta presented a peculiar arrangement, lying in the intima, and leaving the media entirely free. Similar extravasations into the intima were also found in the vena cava,and the hepatic veins, besides this, however, extravasations which traversed the entire walls of the veins especially around the vasa vasorum.

Hayem reports as a case of morbus, mac. Werlh: a 32-year old cook, who suffered from pupura, epistaxis, hemorrhage of the gums, and the ears and despite transfusions died of collapse. Hayem found in the blood numerous white corpuscles which had the appearance of embryonic cells, some were very small, others abnormally large, the spleen was enlarged, small hemorrhages on the upper surface of the brain, and into the liver. Microscopically were found in the brain, liver and skin at the site of the spots obstructions of the small arterioles caused by the presence of white corpuscles. For this reason Hayem declares this disease to bear great resemblance to certain forms of septicæmia.
As regards the therapeutics of the disease we are confined to mineral acids, quinia, ferr. chlorid., and other styptics.

After all I am of the opinion that morbus maculosus Werlh. is a disease *sui generis*.

GHEEL ET LE PATRONAGE, FAMILIAL, (THE OPEN ASYLUMS.)

Medical Letters by Dr. Peteers.

EXTRACT BY DR. H. W. HERMANN.

The style of construction of Insane Asylums generally aproved of and adopted in the United States is that known under the name of "Kirkbride" or "corridor" plan. Its characteristics are: a central building with wings branching to the right and left, for each sex, in sections and cross sections, constituting practically one mass or group of buildings, so arranged, that all occupants are under the same roof. It has been adopted principally for its convenience and economy. These establishments serve very well to confine the insane and protect society from a class of people considered dangerous by the public who always associate with them the idea of a raving maniac. But since it has dawned upon the people that insanity is a disease, amenable to treatment and in many cases to a cure, and that the insane have a right to the same compassion, treatment and care that others afflicted by disease have, other methods have been considered and tried more in accordance with the peculiar nature of the affection of these unfortunates. Methods by which the patients enjoy all the liberty consistent with safety, enjoy a home occupation, and the sympathizing care of those around them. Such are the open asylums of Gheel, in Belgium described in the letters of Dr. J. A. Peeters, "Gheel et le patronage familial." (See review in La France Médicale) Moreau says "Whoever has spent some time with the insane knows the inconveniences which result from their aggregation and can judge how much the intercourse among themselves is often prejudicial to their malady." The numerous class of mono-maniacs, that is the fools of a fixed idea are those who suffer most by this free corridor communication. Taking seriously every thing they hear said or see done, this delirium

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reacts on that of the others, the excitement is reciprocal, their fury increases amidst the trouble and confusion they see around them. When one, on the other hand, studies several of these unfortunates whose intelligence is perverted only on certain points and has heard their complaints and lamentations on the subject of privation of liberty, one can form an idea of what these persons suffer, who often still young are forced to live within four walls the rest of their days. Who is going to persuade the person, often seized rudely, arrested and confined that the loss of his liberty is a benefit. Who will dissuade him of the idea that he is detained in prison, and that those same persons who are urged by charity to place him in the hospital, are not but jailors in uniform. The closed asylums therefore have against them the interest of the patients and the respect for individual liberty.

In our enlightened humane society, filled with generous ideas and sentiments there is a gap, an anomaly which will disappear without doubt by the creation of open asylums. To those who consider such projects as utopian we will show the flourishing condition of the colony of Gheel.

In the center of a region of Belgium called "La Campine" is found that little village surrounded by numerous hamlets reaching in all a population of 11,000 souls spread over 10,850 hectares, (26,751.35 acres).

In the sixth century the daughter of an Irish king, Dymphné, came to seek refuge from the oppressions of her father. But, he having discovered the retreat of his daughter came and killed her with his own hands. So says the legend, and one can hardly make a step in that locality without encountering traces of the sojourn of the daughter of the Irish king. Here, is the little well where she used to dip water, a little farther an inn whose hostess gave the father of Dymphné sufficient indications to find his daughter, etc.

Why and how has she become the patron saint of the alieniated? That is a mystery we will not seek further to elucidate. But always, since a period sufficiently removed, one has known pilgrimages to take place every year to the sanctuary of the Saint Daphné. On the fifteenth of May a solemn fête reunited a large number of believers, mostly patients.

Some of them thinking to obtain their recovery by a prolonged stay, established themselves in the vicinity of the church and daily went to the religious ceremonies which were celebrated there. Little by little that usage became more general, while the inhabitants of the locality familiarized themselves more and more with the alieniated whom they received. Finally the state regulated the conditions of this voluntary "placement" and, now it is a regularly functionating institution. On the first of January 1883, were counted in that locality 1663 alieniated.

Let us follow Dr. Peeters, the newly arrived pensionaire (p. 98.) "The family counts one member more, a new comer has taken his place, before the hearth. He has been received with sympathizing curiosity; one knows that it is a poor unfortunate torn from his family who ignores that which he has to fear, that which he has to hope of the unknown with whom one unites him. His past may have been what it may. Who is he? Where does he come from? What has he suffered? What is the cause of his malady? One obtains the response to these questions it may be from the patient himself, perhaps from his family, perhaps by the directions of the administration and the doctor.

What sad history. Often it it a father, upon whom a numerous family depends. The preoccupations, the misery has had a fatal influence on his brain. Often it is the mother who has lost a child, the sorrow for which has prostrated her. A wife whose husband's conduct has driven her to despair. There, it is a young man who has wandered from the path of life and whose reason is troubled in consequence of excess and remorse.

At these sad recitals the heart of the wife, of the mother is filled. The patient has seen a tear in the eye fixed upon him, he has heard a sigh, an exclamation. A double current of expansive comisseration on one side, of recognition on the other is established. Since that moment the fusion is complete.

If the alieniated presents physical alterations, pallor, leanness, signs of feebleness, the mother does for him what she would do for a sick child. She gives him choice dishes, substantial food seasoned by a good word; if he neglects his toilet, she will find pleasure in supplying him with what he needs to render him presentable, if he sobs and laments she will pour hope into his afflicted soul, she sympathizes with his real and his imagined pains; if he animates and excites himself, if he becomes noisy and savage, she avoids appearing intimidated and succeeds, in spite of her weakness, to make good her authority.

The stranger, also, who comes to Gheel is stupified and frightened every time he sees, under every roof, how the peasants allow the insane to move freely in the midst of their wives, daughters and children, confide to them the most dangerous arms and utensils,

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employ them at work which no one else would dare allow these unfortunates to do, and even entrust to them that which is the most dear to them in the care of their children.

Gheel realizes that which Fabert wishes to see accomplished in all establishments for the alieniated. Make disappear in the asylums all which recalls the prison or even the hospital, make them approach more and more the ordinary habitations, or homes, and the life of man in general. Do not conserve as special measures, but what appears as absolutely indispensible. Entertain in these unfortunates, by all means, the illusion of liberty when you cannot accord to them the reality. Now to give an idea of the result: since 1853—1870 there were 724 cases of cure and notable amelioration, being 24 per cent. These numbers taken at hazard seem a little exaggerated at first, but if one studies the patients transferred to the different closed asylums at Gheel. the larger part of which are incurable, general paralytics, crétins and idiots one accounts for the superiority of the institution. Taking the figure of those entering with favorable or doubtful prognosis we find that of 1013, 89 per cent. of the men and 79 per cent of women terminate fortunately. this success ought to attract the attention of all those occnpied in mental maladies and we can not do better than to recommend the reading of the interesting work of Dr. Peeters.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

REPORT OF COMMITTEE ON THE DEATH OF DR. ENGELMANN.

We are convened to pay a tribute of respect to the memory of our distinguished brother and most worthy associate, Dr. George Engelmann, who departed this life on Monday, February 4, 1884, in the 76th year of his age.

Full of years, full of honors, his demise casts a gloom upon the community where he lived so long, and labored so usefully and successfully, not only in his chosen profession of medicine, but also, and mainly in every department of the boundless field of science.

Deep is the grief manifested, and many are the tears shed by the consciousness of their irreparable loss.

WE THEREFORE *Resolve*,

That in the death of Dr. George Engelmann, Vice-President of this Society in 1844 and 1851, President in 1852, this city has lost one of its most venerated and most trusted physicians, the profession one of its oldest and most honored members, who though dead still lives, and will continue to live in the remembrance of his colleagues, and in the grateful hearts of those who have been his patients.

Resolved, We tender our sentiments of sympathy, and condolence to the members of his family thus bereaved.

Resolved, That these proceedings be spread upon a memorial page in the records of this Society, and that a copy of the same authenticated be transmitted to the family of the deceased.

S. POLLAK,
WM. JOHNSTON,
J. HURT,
WM. DICKINSON,
THOMAS K. RUMBOLD.

REMARKS OF DR. S. POLLAK.

The Medical Society is joined by the whole community in mourning over one of our departed glories.

It is the good fortune of but only a few to attain great renown in a profession, and at the same time achieve prominent distinction throughout the vast realm of science.

By thousands now living, and by many more who will succeed, the name and the achievments of Dr. Geo. Engelmann will be remembered with respect and admiration.

A contemporary of Sillman, Henry, Agassiz, Baird and Gray, he has, like them, fathomed the arcana of nature, and promulgated to the world many important discoveries, made by him in the domain of science, which are recognized as being of the utmost value, and which established everywhere his imperishable fame. Scientists at home and abroad have felt honored by his fellowship; the Congress of the U. S. A., singled him out to perform the difficult work of analyzing, determining and classifying the products of the U. S. scientific exploration and of superintending the publication of the results in a beautifully illustrated book.

I had the honor of making his acquaintance on the day of my arrival in St. Louis, on March 14, 1845, by the presentation of letters of introduction, and also to Dr. Wisliznus, who was then his partner. From that day to this, the pleasant relations of friendship and mutual respect thus established, never suffered diminution or interruption.

Many have been the consultations in which we have met, affording me great satisfaction and profit, bringing to them as he ever did, scrupulous punctuality, native courtesy, close,

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accurate observations, great knowledge and large experience.

But it was chiefly in the Lyceum, in the Academy of Science, where he shone brightest. He was the source and fountain of knowledge. No matter what the subject under discussion might be, on all occasions, he evinced entire familiarity with them, but especially, when they pertained to botany and meteorology.

He was always instructive in his discourse, positive, yet mild in the expression of his views.

It was surprising as well as gratifying to hear of his fame abroad. While I was preparing for a tour in Europe, he kindly made out a list of places and institutions, which he recommended me to visit, which I thankfully accepted. On entering one of the great museums of the continent, I was required to register my name and place of residence. On writing St. Louis Mo., U. S. A., the curator stated "St. Louis is familiar to me, yet I cannot place it.—such is the knowledge of the geography of our country, of many a learned man in Europe.—when an assistant curator exclaimed, "Is not St. Louis the home of Dr. Engelmann?" The man was well known though the location of the city of his residence was forgotten. On my affirming it, there was joy and satisfaction all around. The savant placed himself entirely at my disposal, as soon as he learned that I was a friend and a neighbor to Dr. Engelmann.

In Kew-Garden's, London, I had the honor of being presented to Sir Joseph Hooker, the director of this, the greatest botanical garden in the world, who was ceaseless in the praise and high appreciation of Dr. Engelmann; the same I can say of Baragué de Hillier, Director of the Jardin des Plants, Paris, and of Prof. Alfieeri of the Museo-Vesuvia, Naples.

In short, his achievements as well as his fame are cosmopolitan. When time shall have obliterated, the personal rememberance of him, in the city of his choice and of his long residence, his name will stand in glorious effulgence in the annals of science, amid those of Linnœus, Cuvier and Humboldt.

SOCIETY OF GERMAN PHYSICIANS OF ST. LOUIS.

Minutes of the thirty seventh meeting January 18th, 1884.

Dr. Volquardsen in the chair.

Dr, Schlossstein presented the sac of a large ovarian cyst with colloid metamorphorsis of the peritoneum. Dr. Alt showed an eye which had been enucleated by Dr. Green, on account of a melano-sarcoma of the choroid of 5 years growth. A vena vorticosa was filled with the cells of the tumor.

Dr. Lingenfelder then read a paper on

MORBUS MACULOSUS WERLHOFII.

(See paper.)

After the reading of this paper a lively discussion ensued. Drs. Curtman, Fischel and Baumgarten related cases of morbus maculosus from their own practice. Dr. Lingenfelder stated again that in his opinion the disease is a distinct disease by itself, and warned against confounding it with rheumatic peliosis. Dr. Fisher thought that hemorrhagic measles might be easily confounded with morbus maculosus. Dr. Bremer doubted the infectious nature of the disease, especially since the infection would have to be confined to certain nerves (sympathetic). He considered the disease to be a neurosis. Dr. O. Griener could not see why such an infection of a certain nerve would be impossible and reminded Dr. Bremer of the neuralgic pains in certain nerves from malarial poison.

Dr. Spiegelhalter continued his report of a case of traumatic myelo-meningitis. Paralytic symptoms had reached up to the arms, but had again subsided. The disability to swallow had also disappeared. Dr. Bremer drew attention to the very beneficial influence of the treatment with mercury in this case. He further stated, that cases of myelo-meningitis which develop slowly, allow of a much better prognosis, than those which set in with violent symptoms.

Dr. O. Greiner reported a case of quinine idiosyncrasy in which a single dose of five grains of the sulphate caused a violent attack of stomatitis, rhinitis and conjunctivitis, which lasted several hours. The patient had once before gone through the same experience. Dr. Gerling had treated a woman, who after two grain doses of the sulphate of quinine, was subject to urticaria and asthma. Dr. Bremer thought the stomatitis and rhinitis in Dr. Greiner's case was probably a quinine-exanthema localized in the mucous membranes only.

CORRESPONDENCE.

A MISSTATEMENT made by a New York journal receives the following official correction:

Editor MEDICAL REVIEW; Dear Sir:—The following item appears in the February issue of Gaillard's Medical Journal: "The St. Louis, Missouri, Medical College is 'in a bad way.' The

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faculty consist of three doctors, and the class of five students. It owes $7,000 and it resources are at an end." The editor of the above journal is evidently laboring under a mistaken impression, and that too after writing a news item regarding another medical school of St. Louis on the preceeding page of his journal. It is scarcely necessary to state that the St. Louis Medical College is in a prosperous condition, has a large attendance of students and a faculty in perfect and harmonious accord. Very Respectfully,

J. S. B. ALLEYNE, M. D.,
Dean St. Louis Medical College.

BOOK NOTICES.

A MANUAL OF HYGIENE, by Ed. A. Parkes, M. D., F. R. S., edited by F. S. B. François de Chamuont, M. D., F. R. S., Sixth Edition with an appendix, giving the American Practice in Matters Pertaining to Hygiene, revised by and under the supervision of Fred. N. Owen, Vol II being the Nov., 1883, No. of Woods' Library of Standard Medical Authors.

This volume requires no additional recommendation. It contains, in conjunction with Vol. I, an amount of material on subjects of special interest to the physician in his constant endeavors to cope with the various influences which seem no conspire against the human race. It is supplemented with an appendix by American authors, and the subjects they treat are as follows: Water; The Characters and Distribution of American Soils, Climatology and Meteorology; Ventilation and Warming; Removal of House Watse; Food Adulteration; Disinfection and Deodorization; Vital Statistics, and Some Hints to Sanitary Inspectors.

VETERINARY MEDICINE AND SURGERY IN DISEASES AND INJURIES OF THE HORSE, compiled from standard and modern authorities and edited by F. O. Kirby; published by Wm. Wood & Co., New York.

This is the Dec. No., 1883, of Woods' Library of Standard Medical Authors.

Some narrow medical men may be disposed to sneer at the introduction of a book on veterinary medicine into the library of the magician of human ailments. But horse flesh and horse ailments are subject to practically the same physiological laws as those which govern human ills. And we are sure that no genuine physician will willingly be oblivious of the well-being of the creature which enters so largely into his every-day work. The book is admirably illustrated, and by the country practitioner will be greatly appreciated. The type is very much more legible than in others of the same series.

THE AMERICAN JOURNAL OF OPHTHALMOLOGY is announced, it will be edited by Adolph Alt, M. D., of St. Louis, Mo. Although a very large number of ophthalmologists are practicing on the American continent, the results of their scientific researches and practical experiences have thus far remained unpublished, or have been more or less lost to their professional brethren by being published in general medical journals. The only medium of which for a number of years the American writer on ophthalmic subjects could avail himself, the Archives of Ophthalmology, is issued only quarterly, and, from its international character, affords only a limited space for American writers. To give the American ophthalmologists such a medium for communicating the results of their scientific researches and their clinical experiences to their professional brethern the American Journal of Ophthalmology is intended. Its principal object will be, to give a full representation of the scientific work of American ophthalmologists, and to form a record of each step in the advance of ophthalmic knowledge made by American writers. In order to reach this aim a large number of American ophthalmologists of high standing have been asked and have promised their support to this journal. It will appear monthly, and the first number will be issued on April 15, 1884. Illustrations necessary for the understanding of the papers will be reproduced. As this will be the first and thus far the only monthly journal of ophthalmology on this continent, the editor and publishers have a right to expect that the profession will give it their liberal support and help them to make it in fact the American Journal of Ophthalmology. To bring it within the reach of every one interested in opthalmic work, the price of the journal is put at $2·50 a year. J. H. Chambers & Co., will be the publishers.

BOOKS AND PAMPHLETS RECEIVED.

MANUAL OF PRACTICAL HYGIENE (2nd Vol.) by Ed. A. Parkes, M. D., F. R. S., with American appendix. November number of Wood's Standard Med. Authors.

VETERINARY MED. AND SURGERY in Diseases and Injuries of the Horse. By F. O. Kirby. Dec. number of Wood's Standard Authors.

FOODS AND DRINKS FOR INVALIDS. By Dr. A. W. Nicholson, Lansing, Mich.

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FRACTURES OF THE NECK OF THE FEMUR, with special reference to bony union after intra-capsular fracture. By N. Senn, M. D., of Milwaukee, Wis. Ext. from Trans'c. of the Amer. Surg. Assoc., 1883.

ON A NEW METHOD OF OPERATING IN FISTULA IN ANO, by Edward W. Jenks, M. D., LL. D., Chicago, Ill. Reprint Gyn. Trans'c. 1883.

THE ELECTRICAL DEPARTMENT. Reprint St. Bartholm. Hosp. Reports, 1883.

NEW YORK POST-GRAD. MED. SCHOOL. Announcement of the second year.

MORBID SOMNOLENCE, by Rudolph Matas, M. D. Read before the N. O. Med. and Surg. Assc.

SCHOOL HYGIENE, by Charles J. Lundy, A. M., M. D., Prof. of the Eye, Ear and Throat, Mich. Col. Med. Read before the Am. Pub. Health Assc. Detroit: 1883.

ANNUAL ADDRESS, delivered before the Amer. Academy of Med., by Henry O. Marcy, A. M., M. D., Pres. of the Acad. N. Y.: 1883.

PROCEEDINGS AND ADDRESSES at a Sanitary Convention, held at Pontiac, Mich, Aug. 23, and 24. W. S. George & Co., Lansing, Mich.: 1883. Also, Proceedings of the same held at Muskegon, Mich., Jan. 31, and Feb. 1, 1883. Same publishers.

IS THE EXTIRPATION OF THE CANCEROUS UTERUS a justifiable operation? By Prof. J. R. Jackson, A. M., M. D. Peprint from VIII of Gynecological Transactions.

ITEMS.

During 1883 there were in New Orleans 1266 deaths from small-pox.

There were 29 deaths from yellow fever in Havana in the month of January.

The oleate of quinia is the best preparation for giving that drug by inunction.

Cleveland, O., claims a lower death rate for 1883 than any other city in the union.

Dr. J. P. Kingsley, of St. Louis, who has been dangerously sick, is rapidly recovering.

Dr. John Green has resigned the chair of ophthalmology in the St. Louis Medical College.

Dr. Pepper, it is said, will be made Prof. of Theory and Practice in the Penn. University.

Dr. Edward Borck has resigned the chair of surgery in the St. Louis College for Practitioners.

The Illinois board of health, during 1883, granted 553 licenses to practice, refused 163 applications, and revoked 11 licenses.

The annual death rate per thousand in Chicago for the month of January was only 17.84.

A 10 per cent solution of hyperosmic acid, hypodermically, is the most recent cure for neuralgia.

The Obstetrical Society of St. Louis has passed resolutions on the death of Dr. J. Marion Sims.

Dr. Frank Hamilton's "Fractures and Dislocations" has just been honored with a sixth edition in France.

Dr. S. Solis Cohen reports in the Medical News, a case of abscess of the tonsil in a woman eighty years of age.

Dr. Andrew Wilson says the post-menstrual impregnation produces a female, and pre-menstrual fertilization a male child.

Dr. Young states that many chlorotic cases unable to take iron will bear it very well if combined with a simple saline laxative.

We extend our sympathy to Dr. E. F. Daniel the editor of the Texas Courier-Record of Medicine, who has recently lost his wife.

The veterinary department of the University of Pennsylvania has been fully organized. The course of study will extend over three years.

Dr. J. W. Underhill, writing to the Lancet and Clinic, states that the climate of the Bahamas is superior to all others for consumptives.

Vienna has twelve hundred medical students this winter. A scarcity of dissecting material is complained of for the first time in the history of the city.

A London tobacconist wanted his illegitimate infant slowly poisoned, and offered the attending physician money to commit the crime. The doctor had the man put under arrest at once.

The two Louisville medical colleges are making very unpleasant spectacles of themselves. If one-half of what they say of each other is true they would both do a creditable act by disbanding.

It is estimated that during the past eight years the deaths from puerperal fever, and allied diseases in New York city have been less than two-thirds of one per cent.

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Prof. Ferrichs will next April have completed his twenty-fifth year as director of the medical clinic in Berlin. The event will be celebrated by a festival and the unveiling of a marble bust of Ferrichs.

The New York medical colleges are in favor of a board of state medical examiners who shall not examine their graduates. Are they afraid to place their students on an equal footing with those of other colleges?

The following is the formula of Lasegue and Regnauld's pomade: Chloroform, 20 to 30 parts, and vaseline, 60 to 80 parts. It is employed for rheumatic and neuralgic pains, and in the vague thoracic pains of tuberculous patients.

An effort is being made in Philadelphia to create an anti-vivisection sentiment. We would like to know from the Med. and Surg. Reporter, who, and what manner of men the physicians are who spoke in support of the matter.

The office of the British Medical Association was considerably damaged by fire some weeks since. Fortunately none of the MSS. awaiting publication in the Journal were harmed, and there will be no interruption of the Association's or Journal's business.

Dry seborrhœa of the scalp which is almost always accompanied by irritation, is best treated by: ℞. Zinci. oxid., sulphur. præcip., aa grs. j.; ung. simpl., ℥j. M. This ointment should be applied to the head each evening, and carefully washed off in the morning.

The recent decision of the Supreme Court will compel the Morgan and Cromwell steamship lines to pay the La. State board of health $22.865. These companies refused to pay the fees for quarantine inspection, which is $30., for each vessel, the board took the matter into the courts and after an obstinate fight finally gained its case.

The Alienist and Neurologist says: "We hope the citizens of Philadelphia and the medical profession of America will not permit the year 1884 to pass without erecting a monument to commemorate the names and attest the country's appreciation of these noble benefactors of mankind in the department of psychiatry."

Dr. R. J. Bryden (Brit. Med. Jour.) reports a case of a young man falling from a height of thirty feet, and having his wrists doubled beneath him, receiving a perfectly symmetrical Colle's fracture of each wrist. Straight anterior and posterior splints, not reaching much beyond the wrists, and drawing the hands to the ulnar side, were applied.

Dr. Wm. A. Hammomd; Dear Sir:—The next time you make up your mind to talk on a subject you had better find out all the facts connected with it. The St. Louis Medical College is a graded school, and requires its students to attend three courses, the same is true of the University of Mich., also, of several other schools of which you appear never to have heard.

Mr. Aitken before the Royal Society of Edinburg showed that a disturbed electrical condition of the atmosphere favored the depositions of dust, and suggested that this would explain the belief that milk, beer and other fermented liquids are turned sour by thunder-storms; the electrical conditions leading to the deposition of a greater number of bacteria in a given time, thus favoring more rapid fermentive processes.

Three thousand sailors and shipping men have asked congress to repeal the tax now collected for marine hospitals, and want these institutions supported by the government. We do not see what right the government has, in the first place, to tax these men for the maintenance of hospitals, and in the next place, what claims they have for free hospitals that are superior to those of any other classes.

Collodion.—Mr. Samuel Gamgee writes: to swollen parts which can not well be bandaged, collodion is especially applicable for the compression attending its contraction. I was consulted in the case of a boy disfigured by a red and swollen nose, which became very pale and visibly contracted just after I painted it with successive layers of collodion. I repeated the application three times in a fortnight, producing shrinkage of the organ to its natural size and color. When the nasal bones are fractured, a very effective mold from keeping them immovable, after adjusting them with the fingers, may be thus made: place over the nose a thin layer of absorbent cotton soaked in collodion; as it dries another layer of cotton and collodion, taking care that the application extends sufficiently on each side to give a buttress-like support. The patient compares the feeling to the application of a firm bandage on the nose, and the bones consolidate effectively under the shield, which may be renewed as it cracks and peels off.

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THE WEEKLY MEDICAL REVIEW.

VOL. IX. NO. 9. CHICAGO AND ST. LOUIS, MARCH 1, 1884. TERMS: $3 A YEAR.

IODOFORM POISONING. — The following is from a lecture of Dr. James Stewart. It seems impossible that any one who could be trusted with laparotomy could be so reckless as to use the quantities of iodoform in the peritonial cavity which Dr. S. indicates, but many men do very strange things. It is not to question, in any way, the statement of Dr. S., that we publish the extract, but rather to show how recklessly some people will proceed in the use of dangerous articles, and to show that a few people, at any rate, have lost their lives from microphobia in the operators: "Cases of iodoform intoxication are not nearly as frequent now as they were shortly after its introduction into surgical practice. We are now better acquainted not only with the uses, but also with the abuses, of this valuable agent. It is very important that you should be able to recognize the symptoms of poisoning, because they may come on most unexpectedly. Sometimes they may make their appearance when only a very small quantity has been used, but this is not at all common. There are people who have an idiosyncrasy to its action, and in using it freely for the first time in a case, you should be on the alert for the first symptoms of its untoward action. It is impossible to lay down any rules as to the quantity that is safe to use, and the quantity that is dangerous to use. Some people bear large quantities with impunity, while others show signs of intoxication after comparatively small quantities. Very alarming symptoms have followed the dusting of 90 grs. into the wound for breast removal. Death has followed the use of 35 grms. (℥ix). In Germany, where it has been very extensively used, some surgeons are constantly meeting with disagreeable, and at times dangerous, symptoms from its use, while others have never seen anything alarming. Mosetig-Moorhoff, of Vienna, has used it in 5,000 cases, and never saw any of its toxic effects. Koenig, another German surgeon, has reported 15 cases of poisoning from it, of various degrees of severity. There have been at least 15 cases of fatal poisoning from it in Germany alone; the great majority of these cases occurred in the days before its occasional untoward effects were fully recognized, when it was not an uncommon practice to dust two or three ozs. into a wound. Many cases are reported where as much as 6 ozs. has been dusted into the peritoneal cavity. Of course, there is no wonder that the use of such enormous quantities has led to fatal poisoning. The only wondér is that the fatal cases have been so few. Aged people and those with weak hearts stand its action badly, as might be expected from its well-marked cardiac depressant powers. Children are less liable to be poisoned by it than adults. Among the milder symptoms complained of are the following: Loss of appetite; sleeplessness; restlessness. A not infrequent complaint is that all articles of food taste as if they contained iodoform. When the iodoform dressings are removed, these symptoms very soon disappear."

SULPHIDE OF CALCIUM IN THE TREATMENT OF SCABIES has been used by Dr. Thomas N. Dolan in some thousands of cases. (British Med. Journal, Feb., 1884.) The preparation used in the Poor-law service is known as the Golden Lotion. It is made as follows: Flour of sulphur, 100 parts; quicklime, 200 parts; water, 1,000 parts. Boil, stirring occasionally until incorporated; cool and decant into sealed bottles. The patient is put into a warm bath, then the solution is painted on with a brush, after which he is put into bed between blank-

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ets, or in a flannel night-gown prepared for the purpose. In a short time the body is of an almost golden color, owing to the deposit of sulphur. The good effect is quickly manifested, the itching ceases, and after another warm bath the patient is, as a rule, discharged cured. In cases of long standing, where there are scales and crusts, the treatment is of longer duration. This method has the advantage over sulphur ointment of cleanliness, ease of application, penetrability, rapidity of cure, and cheapness. The over use of the remedy may produce troublesome irritation of the skin; this may be remedied by a bath of soda and water.

GYNÆCOLOGY AMONG THE INSANE.—Dr. M. A. Cleaves, Harrisburg, Pa., as a result of experience with gynæcology among the insane, says that statistics thus far accumulated will not warrant the statement that either the mental recovery or improvement is attributable to relief from the special disorder, yet it is rational to suppose that it has some effect, and that these patients have been placed in a better physical condition thereby than would have otherwise been attainable. Her experience, although yet limited, does not confirm the hope she had, that the number of recoveries would ultimately increase. The work of a series of years might bring about different results. Briefly formulated, her conclusions are: A large proportion of women in insane hospitals have some form or other of utero-ovarian disease; many of those under treatment make marked mental and physical improvement coincidently with the improved local condition; in a majority of cases this improvement, owing doubtless to the long standing of the combined physical and mental disorder, only reaches a certain point, beyond which it seems impossible to make further gain. And if the special attention is productive of no untoward effect, and in the large majority of cases it is not, it should be skilfully and faithfully administered. The principle involved is a right one. It is rational to believe that the improved physical condition of those discharged recovered and improved, produced by their relief from the special trouble, renders them better able to meet and cope with the disturbing influences of life than they otherwise would be. The lives of many women in hospitals are thereby rendered more comfortable and tolerable. In a general way these conclusions corroborate the results of Skene, Ripping and Danillo (Alienist and Neurologist, Jan., 1883). The very positive statements made by some gynæcologists and alienists are, however, disproved by them.

OPIUM, MORPHIA AND ATROPINE IN EPILEPSY.—Dr. James Russell found the general result of the administration of atropine was unfavorable. The effects observed were that: First—There was a very decided diminution of fits during the forty-seven days of administration, as compared with other days. But delirium and increase of fits ended the period. Second—No fit during three months, but at the end, mental excitement and delirium. Third—Six months atropine treatment effected diminution of very frequent fits, but mania set in, and the fits increased to one hundred per week. Fourth—Severe fits were suspended during fifteen days, but then returned. Fifth—During four months the fits increased from four daily to twelve. Sixth—Twenty-one fits occurred during twenty days of atropine treatment, twelve in a single day. Opium or morphia was of benefit in the nocturnal manifestations of epilepsy, such as fright, wakefulness, etc. In six cases the effect was marked. Morphia, at bed-time, given for nine months, effected decided improvement. Small doses of laudanum in other cases diminished the fits, but at the end of four months these returned with increased frequency. Similar results were obtained with cannabis indica.

THE RUSH MEDICAL FORTY-FIRST ANNUAL COMMENCEMENT EXERCISES took place on Tuesday February nineteenth, in the Central Music Hall, Chicago. The valedictory address was given by Dr. D. S. McArthur and the doctorate by Prof. Norman Bridge. The degrees were conferred by Dr. J. Adams Allen, the President. Number graduated, 168. At the

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dinner of the Faculty to the Alumni in the evening at the Grand Pacific, Prof. J. N. Hyde presented to the Faculty on behalf of Dr. J. Adams Allen a life size oil painting of the latter in commemoration of his twenty-fifth anniversary as a professor in the College. Several changes have occurred in the Rush, Chicago, Auxiliary Faculty. Dr. Jno. A. Robison has been appointed Lecturer on Materia Medica, and Dr. E. P. Davis, Lecturer on Physiology and Histology. Dr. W. T. Belfield has been transferred from the lecturship on Physiology to that on Surgery. Dr. T. J. Shaw has been appointed clinical assistant to the chair of Gynecology. The hospital now in course of erection adjacent to Rush College, and which has been, up to this time carried forward by the college has been transferred to an association of Presbyterians and will shortly be formally turned over to their control. The association will complete the building, and it will be known as the Presbyterian Hospital of Chicago. It will probably be opened in three months from this date.

Female Medical Students in St. Petersburg seem to require considerable watching. They are compelled to reside in a boarding establishment, which has been erected for the purpose, instead of being free to live where they please, as formerly. One of the rules of the establishment requires all the inmates to be at home before nine in the evening.

The Propriety of Suddenly Withdrawing Opium from those addicted to its use is a question about which experts differ. A short time since we published the views of Dr. C. H. Hughes, who strongly condemns immediate deprivation of the drug. Dr. George Shearer, who has had large experience in China, (British Med. Jour.), believes that immediate renunciation is demanded. The first and "essential element in the cure of the opium-habit is to insist on the sudden immediate withdrawal of the drug. The risk of collapse from sudden privation is wholly imaginary; and, though involving sharper suffering at first, it becomes every day easier to bear (specially good and sustaining nourishment being taken in the meantime), and is thus really the kindest and most efficient method of curing the patient." The proper method, it seems to us, is to treat each case upon its own merits. When it is possible to withdraw the drug at once it is well enough to do so, but we fully agree with Dr. Hughes that in a large number of cases such a procedure would be barbarous. When a patient for a long time has been taking large quantities, it is highly injudicious to withdraw at once the accustomed stimulus; the sudden deprivation is liable to produce prostration, and possibly other serious nervous trouble. Even if this does not occur, the patient is subjected to needless suffering.

Cider as a Preventive of Stone is attracting attention in France. Dr. Dennis-Dumont examined the records of the Caen hospital, and found that in fifty-nine years only four cases of stone in the bladder were admitted. He attributes this immunity to the fact that the residents of the country are cider drinkers, which beverage is a decided diuretic. Enquiry showed that the residents of other cider drinking districts enjoy the same immunity from stone.

The Diagnostic Value of a Systolic Murmur in a partial division of an artery forms the subject of an interesting paper by Prof. Ed. Von Wahl (St. Petersburger Med. Wochenschrift, Jan. 7–19, 1884.) He was led to the investigation of this subject from the satisfactory result of a case of gunshot wound of the thigh where the revelation by the stethoscope of a systolic murmur convinced him that the artery had been wounded and induced him to proceed to tie a ligature on both the central and peripheral ends as a means of preventing the usual development of such cases. A course of physical investigations by a student of Prof. Wahl's, established the fact that when water was conducted through a rubber tube under a pressure of 110 mm. of mercury, whether the pressure was constant

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or subject to pulsations, it always developed a blowing sound recognizable by the stethoscope, wherever there existed a defect in the tube or a thin spot in its wall. Observation extended to animals whose arteries had been intentionally wounded gave the same blowing systolic sound when the blood passed out of the opening in the vessel into the surrounding tissue. When the artery, however, was plugged by a thrombus, the sound was of course absent. The importance of this fact can scarcely be overestimated when we reflect how often it happens that the most important symptom of such arterial wounds, bleeding, stops for a while only to develop later into blood-infiltration, with its consequent associate evils. If, however, the surgeon can satisfy himself that the artery has been wounded a definite course of action would be immediately suggested. Prof. W., thought no mention of this peculiarity had been made in literature, but found that Guthrie (Diseases and Injuries of Arteries, London, 1846), had observed the same phenomenon, and G. Fischer had also observed the same phenomenon during the Franco-Prussian war in 1872. In these cases, however, the murmur was not, as it appears, observed until several days after the accident with a view of obtaining information relative to a primary operation. He supplements his theoretical and historical consideration of the question by three cases: The first published by him in 1881; wound of soft parts, lower third of right thigh, arterial bleeding. One hour after the accident, stethoscope revealed loud systolic murmur, which was recognizable both upwards and downwards in the course of the artery. Ligature of both ends of the artery. Machinist, 23 years., Oct. 26, wounded with a knife in right upper arm; arterial bleeding. Compression and cold application stopped the bleeding, but on account of pain and swelling he applied for assistance to W's clinic, eight days after the accident. The systolic murmur was distinctly heard in the course of the artery and the radial pulse was distinctly felt. The diagnosis of a partial division of the artery was made associated with a commencing hæmatoma, but as no blood had shown itself for eight days it was thought desirable to allow the wound, which was in condition of suppuration, to heal before ligating the artery. Bleeding, however, without any apparent cause, set in and the ligature of the two ends was effected on the following day.

Third case; A. B., 19 years, received an accidental shot from a revolver on the left side beneath the clavicle. Profuse bleeding occurred but stopped, without interference, in half an hour. One hour after the accident he was taken to W's clinic. An extensive infiltration of blood existed in the region of the wound, which was exactly in the course of the subclavian artery. There was extensive infiltration of blood. The radial, brachial, and axilliary arteries were imperceptible. Severe pain in the fingers and arm. No cough, no vomiting of blood. There was no murmur to be heard with the stethoscope along the course of the artery. The diagnosis was complete division of the subclavian artery. The artery was exposed, and before the clots were removed, the ligatures were placed in situ. After securing the ligatures the artery was found to have been severed with exception of a small piece of tissue about two millimetres wide. The mistakes in diagnosis in this case of a complete division of the artery was due to the absolute occlusion of the artery by means of a blood clot. This occlusion, however, was only temporary, and had the operation not have been undertaken at the time it would have unquestionably been necessitated later and under less favorable circumstances. These cases will not fail to show the value of the stethoscope in cases of wounds along the track of the large arteries.

The Application of Nitrous Oxide and Air, or nitrous oxide and oxygen, under pressure to produce anæsthesia for surgical operations was discussed in a somewhat naive style before the American Association for the Advancement of Science. The author seems to speak with the most implicit confidence

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that the mixture he speaks of will soon "supplant ether and chloroform, at least, in hospital and city practice." Speaking of certain operations in Paris with the use of the mixture he says, "all these operations succeeded," perfectly and further on he says, "the surgeons of Paris have now performed several hundred operations (in Paul Bert's metallic chamber), which have all been crowned with the most brilliant success. These operations are said to have taken place in the years 1879 and 1880. We saw a great number of operations in Paris in 1882, and had the privilege of seeing Paen, (one of the surgeons he refers to as having used it,) operate frequently in public and several times in private; but we saw nothing of Paul Bert's metallic chamber. If it was so desirable a method of administering anæsthetics one would have expected it to have made some headway in the course of two years. It happens, however, that the same mail brings us a note in the Revue Médicale, the substance of which is as follows: We did not intend to return to the anæsthetic apparatus of Paul Bert, for we have said sufficient to edify our readers on the subject, but we cannot allow them to be ignorant of the fact that two of our most distinguished surgeons, Messrs. Gosselin and Richet, have thought it necessary to protest against such a dangerous device. The substance of M. Richet's protest is as follows: 1. He went to the Saint Louis hospital to see the apparatus used and that contrary to the assertions of P. B., one case in three was accompanied with vomiting, discomfort and, on one occasion, with great excitement. 2. That the apparatus has been used in London for fifteen years, but was given up on account of the frequent accidents. 3. That both the surgeons referred to prefer the simple use of chloroform. In view of such remarks relative to the apparatus, we think we are justified in saying that the tenth conclusion by Dr. E. P. Howland, namely, that: "In all that concerns the application of nitrous oxide and oxygen to surgery, the scientific phase may be said to be exhausted, and this anæsthetic can, and should be henceforth used for operations of indefinite duration instead of ether or chloroform," is somewhat naive in its claims.

The Indifferent Use of the Terms Infection and Contagion troubles a correspondent who began practice forty years ago, so that he addresses us the following question: "Do medical men entertain a difference in the meaning of the words contagion and infection?" We would simply remind our correspondent that a definite use of terms is possible only when the ideas which they are intended to represent, are also definite, but whenever the idea is only imperfectly conceived by any one individual, as soon as another individual tries to seize the same idea it necessarily becomes more uncertain in its limitations; and the necessary confusion, as soon as an indefinite number attempts to conceive and express an indefinite idea becomes apparent. The fact is our ideas themselves of infection and contagion are not sufficiently well defined to allow of a well defined line of demarcation to separate their several spheres, and we shall consequently look in vain for any well defined limitation in literature. In the present condition of things no very great amount of difficulty will arise from using them as practical synonyms.

The Use of Bichloride of Mercury in Normal Labor as advocated before the New York Academy of Medicine, we are glad to say, has received an effectual check. Had it not been for the timely influence of Dr. Simon Baruch and Dr. Fordyce Barker, the practice might have become epidemic in the East. The Medical Record too, as well as ourselves, raised its voice against the procedure, but we are surpised to find the same journal attributing "infinite credit" to the advocate of the measure for merely confessing his "change of heart." We should be rather disposed to consider him as debtor to those who by their experience and observation succeeded in showing him his mistake and thus prevented him from leading so many of his pupils into a similar delusion.

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NEURALGIA FROM LOWER JAW FRACTURE.—Dr. Stimson relates a case of lower jaw fracture (New York Medical Journal) in which the patient, after a lapse of seven months, suffered from neuralgia. The fracture was on the left side, and united with some displacement. The patient returned, complaining of numbness and sensitiveness in the region of the cutaneous distribution of the inferior dental nerve, and also of difficulty in mastication, because of jaw displacement. Dr. Stimson found that the difficulty in mastication was due to depression of the anterior fragment, and relieved it by gouging away a portion of the posterior fragment which interfered with an upper molar. The union between the fragments was fibrous, and a temporary increase of the slight mobility followed the operation. The pain increased afterward to such an extent, although it was temporarily relieved by the use of an interdental splint, that the patient returned and demanded some operation for her relief. Pain upon pressure over the mental foramen was acute, and also along the course of the inferior dental nerve before its entrance into the canal. He exposed the nerve before its entrance into the canal by the usual incision within the mouth, raised it up, and divided it. He attempted to exsect a portion but was unable to do so. Relief was immediate and complete for perhaps ten days, but sensitiveness then again returned in the region of the nerve where formerly complained of, when the mental foramen was pressed upon. Dr. Halsted had a case in which he excised about one centimetre of the inferior dental nerve. The Neuralgia was severe, but relief was given. He found exsection of a portion of the nerve very difficult to perform. Dr. Stimson cited a case iu which Dr. Sabine divided the inferior dental nerve for neuralgia, and in which Dr. McBurney subsequently removed a portion of the nerve. The excision was followed by a cure which had now lasted for one year. Dr. Hutchinson cited two instances in which he succeeded in curing obstinate neuralgia by ligature of the carotid artery. Dr. Lange cited a case in which the patient had a variety of operations performed with varying relief, but permanent relief had not yet been obtained. Dr. Stimson remarked that the traumatic origin of the neuralgia in his case seemed to sufficiently justify division of the nerve above the point of irritation.

BURKING, since the execution of the fiend who gave the deed its name, has been supposed to exist only in the imagination of the ignorant and superstitious. But a horrible story comes from Cincinnati, which, though authenticated beyond doubt, is difficult of realization, making the crime not a tale of the past, bnt a terrible reality of the present. Two negro "resurrectionists," after making arrangements with the demonstrator of anatomy of the Ohio Medical College for the delivery of the "subjects,"deliberately murdered a family consisting of three persons, and delivered the bodies at the college according to contract. We have no desire to enter into the repulsive details of the murder and consequent discovery; it is sufficient to say that the perpetrators themselves confessed the crime. A fearful responsibility rests with the demonstrator who received the bodies, which were on the dissecting tables within a few hours after meeting their violent end. As the victims were clubbed to death, it seems scarcely possible that three such subjects coming into the College at the same time, with necessarily the evidences of ante-mortem violence, should have attracted no attention, and aroused no suspicion. We do not say that the demonstrator was culpably ignorant, or criminally negligent, but we do say the position he now occupies is not an enviable one. The attitude of the colleges in regard to the procuring of "subjects" is, and has been, for too long a time, a wrong one. They have too long manifested an utter indifference whence their "subjects" come. As long as the "material" is placed upon the table, it matters not if the sanctity of the grave is violated, it matters not if the remains of a beloved mother, father, wife or sister, are torn from the last resting place by desecrating and ghoulish hands. It is not long since that in this very same college was

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found the remains of a son of a former president of the United States, and the father of a present U. S. Senator. Are the medical colleges so blind as not to see that such reckless indifference cannot continue? If the dissecting room authorities are asleep to public opinion, they will find themselves rudely awakened. It may be well enough to say that such a state of affairs is the result of an inadequate legal supply of material, but this is only true to a very limited extent, there is plenty of legitimate material for a legitimate demand. Neither the Ohio Medical, or any other college is directly or indirectly responsible for the recent crime, but they are all responsible for the condition of affairs that has produced the present scarcity of dissecting material. It is true that the State should see that the colleges secure legitimately a sufficient number of "subjects," but it is ten thousand times more the duty of the State to regulate medical education, and prevent every Tom, Dick, and Harry who can stick M. D. to his name, from starting a medical college, and placing upon the tables for the behoof of incapables the "human form divine." Dissecting is essential to the study of medicine, but the willful and extravagant waste of "material" that prevails in this country in consequence of the unnecessary multiplication of colleges will sooner or later breed trouble for the medical schools.

A Case of Hemorrhagic Diathesis is reported by Dr. F. Forcheimer, (Lancet and Clinic). A boy, 11 years of age, presented all the usual symptoms of a bleeder. When 2 years old he cut his tongue, which bled for a week. When 3 years of age he was injured in the knee, and bled profusely, taking several months for recovery. After this he had several more attacks of violent hemorrhages following slight lacerations, amounting to about six in all. An examination of the body showed a scar on the forehead,a cicatrix on the tongue, several swellings, some as large as a goose-egg, on the shoulder and arm, left elbow, right buttock, ilium and knee, of a bluish or purple color. All other organs were normal. He complained of pain in the joints, but was otherwise in good health. The Doctor was careful to trace the family history, for Eichhorst doubts if these cases can be classed as such unless there be a family history of hemophilia; that is, the tendency to hemorrhage is inherited from the male members of a family, but transmitted by the females, or, in other words, the father may be a bleeder, and the daughter, though not herself a bleeder, will transmit this diathesis to her male children. In the case in question, there was no history of hemophilia; neither the mother's father nor any of the mother's brothers showed this tendency to bleed, nor was there any other bleeder in the family, grandparents included. The mother had five children, but none of the others suffered in this way. This was a case of hemophilia in everything else except heredity. Hemophilia is a protean form of hereditary affections, yet this tendency to bleed habitually sometimes springs up without any antecedents. This boy showed no history of any infectious disease after which this habit might have been established. Nothing is known as to the cause of this affection; post-mortem examinations have not yet given any clue. Immermann conjectures that these individuals have more than the normal quantity of blood at birth, and are therefore apt to lose more. Acting on this suggestion, a sphygmographic examination was made, but nothing abnormal in the tracings, except a slight retardation of the pulse wave, was found. Consequently this theory was not sustained.

The Anchorage Insane Asylum of Kentucky is not conducted on precisely the same principles which distinguish the treatment of the insane at Gheel. It seems from investigation that a frequent method of quieting an excited patient was to throw him down, and then for several attendants to jump upon him. Another who did not want to retire to his cell was persuaded by a strap around his head, by means of which he was dragged along the floor to his destination. Tying patients with their hands under their legs, and especially ducking them, seemed to

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be a common form of moral suasion. Officers and keepers of the institution, including the assistant physician, solaced themselves after the arduous labors involved in these forms of treatment by getting drunk and playing cards for money. Where the distinguished alienist who has charge of the asylum was whilst all this was going on we do not know, but we hope to have the pleasure of recording that his address will not continue to be Anchorage. It is a great pity that there are no laws to properly punish such men, the penitentiary would be inadequate, but the only punishment is dismissal, which not infrequently is followed by employment in a similar position at some other place.

HYDROBROMIC ACID must be used in much larger doses than has been customary if any benefit is to be derived from it. Such is the opinion of Dr. H. C. Wood (Med. News, February 23,) who has been using this drug recently in epileptic cases. He found in three instances that half ounce doses of the officinal hydrobromic acid was much more effectual than equivalent doses of bromide of sodium, or potassium, and not nearly so liable to produce symptoms of bromism. He gives the acid after meals, with syrup, and diluted with half a pint of water.

CONTRIBUTIONS.

PRACTICAL NOTE ON THE MANAGEMENT OF CHOREA.

BY C. H. HUGHES, M. D., ST. LOUIS.

In the management of chorea it is essential to make a prompt and thorough cure of the first attack, if possible, for while benignant nature often supplies an efficient therapy for this disease, she more often fails, and violent cases may die or pass on to choreaic insanity, and the less violent in the beginning, may, without medical interference, become paralytic or a chronic habit, and if recovery does eventually take place, a latent diathetic condition of the voluntary nerve centers may become a part of the patient's constitution, to reappear whenever subsequent neuratrophic conditions exist in the patient. In the management of this affection, therefore, no plan could be more prejudicial to the real welfare of the patient, present or future, than the so-called expectant plan, a most pernicious plan when carried out in many other diseases as well as in chorea, and only justifiable when we are in doubt as to the proper therapeutic measures to be employed. He who has become familiar with the possibilities of chorea from observation of a large number of cases, will never counsel expectancy, or be satisfied with letting the disease wear itself out, if he can do better by more efficient treatment.

An essential therapeutic procedure in a large majority of cases promotive of a tendency to recovery, is the removal of the child from home and the unsanitary surroundings (speaking in a neurological sense), under which the morbid condition has been engendered.

The change from usual enviroment should be agreeably diverting to the patient and calculated to call into exercise the volitional powers while being of such a sanitary character as to be promotive of exalted nutrition, invigorating sleep, mental tranquilization and hæmic enrichment. Pure air, free sunlight, and an agreeable temperature should be sought in making the change.

Despite the theories that have been advanced of the dependence of chorea upon rheumatism, based upon its frequent association with antecedent rheumatic fever and co-existent cardiac bruit, it will be found to often follow after a scarlatina, aggravated measles, whooping-cough or other cause of depressed vitality if of sufficient intensity to implicate the stamina of the cerebro-spinal axis in such as possess, in inherent neuropathic tendencies. It is often associated with hysteria and epilepsia. For all the cases put forth by Mr. Hughlings Jackson and Dr. Kirkes to show that the origin of the trouble is rheumatic, other cases can be offered to show the non-existence of previous rheumatism, though rheumatism is markedly if not primarily a disease of the nervous system, as a careful examination of all the facts will show (which it would be out of place here to present), and it should not therefore be strange to find rheumatism as one of the links in the chain of nervous phenomena, and that chorea is not unfrequently the neuratrophic substratum just as the lesion of the trophic nervous system which underlies rheumatism may give rise, and does sometimes, to the phenomena of chorea.

The essential neuropathic condition of chorea is a neuratrophia and consequent instability of the cebro-spinal motor area, sel-

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dom grave enough to be considered organic, strictly speaking, though in a sense or degree we must concede that all disease is organic, and the post mortem changes that have been found in the corpora striata cortex and elsewhere in the brain, such as erosions hæmorrhages,etc.,in the fatal cases, are sufficient to satisfy us that in many cases the lesion is grossly structural, through hyperæmia and irritation of the motor area of the cortex and subjacent portions of the brain and cord are often primarialy at fault and this is obviously due to atonic vaso-motor conditions. Beginning in the motor area of the brain and cord, chorea may in its progress, and often does, invade the psychical sensory regions, giving rise to imbecile and insane states and anæsthesia.

To treat chorea successfully, therefore, we should suppress, as far as we can, involuntary movement from the very beginning, by giving the child the necessary moral encouragement and strengthening its will-power by surrounding the child with new demauds upon its attention and volition as well as by medication. The sympathetic treatment that fosters hysteria is equally objectionable in chorea. The child wants encouragement that it may not yield any more of its control than it is obliged to, in order that it may not become discouraged and give up entirely to the erratic movements. The will should be made to pass even, though ever so imperfectly, over the channels of motor nerve conduction so that the "insanity of the muscles" may not become complete, pending our efforts at physiological reconstruction.

The medical treatment should be descending cerebro-spinal galvanism and arsenic to restore trophic nervepower and tranquilize the psycho-motor area,chloral hydrate and sodium, bromide in moderation, especially at night, to secure complete cerecro-spinal rest and the neurotic and hæmatic tonics, iron, the hypophosphates, zinc, cod-liver oil and strychnia, the latter very sparingly. A milk diet is preferable to all other simple substances, but the patient should be fed on a generous variety of food.

After the involuntary tumult of the muscles has subsided the physician should still look after the patient until a reassuring vigor of constitution is established, and such advice should be given as will tend to promote continued growth in new strength and give the best assurance against the return of this singular and sometimes formidable expression of nerve irritability.

If we watch our patients closely we shall find some of them troubled with symptoms of laryngeal nerve irritation and spasms. When the spasm is not great enough to attract our attention in the day time, we may often learn of its existence from statements made by the patient or nurse in regard to the child's having a troublesome night cough.

I do not know why the cough should appear at night and be absent all day. I have seen it regularly recur at bed time and continue through the night to the great disturbance of the patient's rest.

ALBUMINURIA IN PREGNANCY.

Read before the Adams County (Ill.) Medical Society, Feb. 11, 1884.

BY WILLIAM C. GILLILAND, M. D., COATSBURG, ILLINOIS.

On December 22, 1883, I was called to see Mrs. W., aged 43, married, mother of four children. She was a large woman, weighing about 200 pounds, who had suffered severely for five or six years from repeated attacks of inflammatory rheumatism. She had badly damaged semi-lunar valves, with narrowing of the orifice, and dilatation of the right heart. Two weeks previously she had been rather suddenly stricken partially blind. She could distinguish an open door or window, but could not tell one person from another in the strongest light. For this, she had applied to Dr. S. Mileham, and was then under his care; he expected to take care of her during confinement, she being at full term. He was sick, however, at the time, and I was called in. She had slight labor pains during the night and morning, but at noon they had worn off. She had suffered an indescribable malaise, with dyspnœa for five or six weeks. Her bowels had been passably regular—a little inclined to looseness sometimes; her kidneys had acted well; she was under the impression that she had passed more than the normal amount, and had been troubled with a frequent desire to micturate. She had slept badly for some time. Upon examination I found her surface pale and cool; her heart beating irregularly from 80 to 90 to the minute, and missing at least one beat in ten; pupils widely dilated, and insensible to light; tongue extremely wide, pale and flabby, with typical malarial coat of leaden hue. She had pain in the back, and excessive frontal headache, which had tormented her for some weeks. The liver was in a state of engorgement. There was at least 40 per cent of albumen in her urine. I was at a loss to know where to begin the treatment. Feeling confident that treatment

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for albuminuria would be futile, until the liver was disengorged, I prescribed calomel, soda and cinchonidia, five grains each, every six hours, alternated with nit. dulcis, fl. ext. buchu, aa ℥ss., morph. sulph., gr., 1. A teaspoonful between each of the powders.

Here was a woman evidently in a critical condition. She was rheumatic with a damaged heart, close to her confienment, and had albuminuria, evidently of some weeks standing; her blood was so charged with urates, as to profoundly oppress the nervous system; I felt that serious ecclampsia was imminent.

At 3 A. M. of the 23d I was called. She had taken two powders, and two doses of the fluid; had two dark, fetid, bilious operations, and passed water frequently, in small quantities. Labor had set in; the os was dilated to the extent of two inches, and the membranes broken. The walls of the uterus were extremely thick and the os very rigid. She was nervous and despondent, and had an unnatural dread of her pains, which gradually increased until six o'clock, when they seemed to have force enough to expel the child, but the os remained unyielding. I gave a prolonged hot foot bath, under the clothing, and allowed her to inhale a little chloroform. This was kept up for an hour, without result. I then sent to see if Dr. Mileham could come. I gave meanwhile a half grain of tartar emetic; for half an hour it produced neither relaxation nor nausea, when all of a sudden the os relaxed, a violent pain came on, and the child was born. The after-birth came away in twenty minutes, without the loss of an ounce of blood. For two hours everything seemed to go on satisfactorily, when nausea appeared with vomiting. I found three or four ounces of coagula, partly in the uterus and partly in the vagina. These I removed, and we had another half hour of prosperity. Meanwhile Dr. Mileham came in. At the end of the half hour the nausea again came on, and a similar collection of coagula was again found about the os. These I removed and gave a drachm of fluid extract of ergot. In the removal of this last collection of coagula, my fingers came in contact with a smooth round firm feeling tumor, larger than a goose egg, in the posterior wall of the uterus above the internal os; the womb was grasping it and acting on it in such a way that we feared inversion. I made an effort to replace it within the uterus, by pushing it as far up on my fingers as I could, when it suddenly escaped out of my reach, and the uterus contracted firmly around it, and we never saw or felt anything more of it, neither were we troubled again with the least appearance of hœmorrhage.

Half hour after she had taken the ergot, she began to complain of distress in her left arm. It was not pain—it was not cramp—she could not describe it; she became excited and in less than two minutes was in the wildest delirium. There was no cramping or spasmodic action of the muscles; on the contrary, they seemed completely relaxed; she sweated profusely and her pupils were widely dilated. Although her circulation was not seriously affected, her surface grew cool, and Dr. Mileham thought she would die in a little while. We gave a third of a grain of morphine hypodermically; she rallied a little under this and grew warm again. In a half hour we gave another third grain, which quieted her, and she slept for three hours. When she aroused, she could swallow, and we gave nitre and buchu, with morphine in full doses, every three hours. We drew her urine; it was still highly charged with albumen. The morphine in her diuretic mixture kept her quiet through the night, and she slept three or four hours at a time.

By morning on the 24th she had rallied some, but was not entirely conscious. She asked for her baby and prepared to let it nurse, and passed her water in a chamber. These were the most rational acts yet performed. I continued the nitre, buchu and morphine every four hours; and gave calomel, soda and quinine, five grains each, every six hours, until her alimentary canal was evacuated, and ordered watermelon seed tea, ad libitum. At 10 P. M. she had two dark fetid stools, and had passed her urine quite freely. The albumen had diminished one half. I continued the morning treatment.

December 25, 6 A. M. Some brighter. Answers question slowly when pressed to do so. Says she has severe frontal headache. Not knowing just how much the obtunding of her faculties was due to morphine, I diminished the amount one half. It occurs to me if there was any mistake in the treatment, this was it. So far we had no fever, no signs of inflammation, and no œdema, nothing wrong except the toxæmia, the accumulation of urates in the blood. The lochia was and had been free and normal, and without odor. At 2:30 P. M. I was summoned; arrived at 4 o'clock and was informed that she had had four convulsions in two hours, the last one about 15 minutes before my arrival. Her face was twitching, eyes turned upward and to the right; breathing stertorous. The circulation was excited and she was sweating profusely, with but little increase of temperature. She was totally senseless and could not swallow. Before I could do anything she had another con-

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vulsive seizure, decidedly eclamptic. I let her inhale chloroform until the muscles were relaxed, and then gave one-third grain of morphine hypodermically. In less than 15 minutes she had another eclampic seizure, making six in two and a half hours. In less than twenty minutes she had another and harder one. I injected 10 minims tr. verat. virid. deeply into the arm. In three minutes she was perfectly relaxed and apparently asleep. In ten minutes the pulse fell from 95 to 75, but remained as full and strong as before. In twenty minutes her surface became pale and cool, too cool; ascertaining that she could swallow, I gave a tablespoonful of whisky, which restored her color and temperature. Two hours after the last convulsion, her eyes began to twitch, and to turn upward, and I injected six minims more of the veratrum. This again quieted her for two hours, when she again went into convulsions. I gave ten minims more of the veratrum in the thigh. This did not reduce the pulse at all, but it brought on an alarming coldness, without nausea. In twenty minutes from the time she received this dose, she had the hardest convulsion of all. My veratum was evidently a failure. I now gave a drachm of chloral hydrate, in a half pint of water per rectum. In twenty minutes she was sleeping so soundly that I drew her water without awakening her. The albumen was still diminishing. She slept four hours until two o'clock on the morning of the 26th, when I prepared a solution of chloral, 80 grains to the ounce, and ordered a tablespoonful every time she awakened, by the mouth if she could swallow, and by the rectum if she could not. I returned at 10 A. M. on the 26th. Convulsions had returned a half hour after I left, and had recurred at intervals of from 15 minutes to an hour. They were not so severe as yesterday, and she could swallow when not convulsed; had taken, during my absence, 120 grains of chloral, by the mouth, without any apparent effect. The stomach undoubtedly did not absorb it. She had had three or four dark and very fetid stools, and had passed water several times unconsciously in bed. The convulsions were less frequent, and varied considerably as to force—sometimes amounting only to a slight twitching of the muscles of the face, and at other times to quite a severe convulsion, but never affecting the limbs. I endeavored to stimulate with milk punch, beef tea and quinine. I also gave nitre, and paregoric in half drachm doses, and two drops of the tincture veratum viride once every 4 hours. The urine now showed less than ten per cent of albumen. Called again at 9 P. M. She had taken nourishment, but it was passing from her bowels unchanged. The condition of her nervous system was much the same, and I continued the morning treatment.

Dec. 27, 9 A. M. She was the same as the evening before. Her bowels had become very loose, and I gave camphor, opium and acetate of lead, of each a grain, after every stool. The other treatment was continued. In the evening she was more conscious than she had been since the 23rd; answered questions tolerably well when pressed upon her, but talked wildly when left to herself; the convulsions lighter and further apart.

Dec. 28, 10 A. M. She had had no convulsion for four hours, and but one since midnight. She strangled on some water which I gave, and had a light convulsion from the disturbance; was more rational than last night—had asked for her child when she heard it crying, and recognized her other children; said she could see better than for two or three weeks. When asked if she wanted the chamber, she said "yes," and commenced to get out of bed. This was the first effort of the kind since her first convulsion. Saw her again at 9 P. M. She had had her last convulsion at noon; complained of great thirst; tongue was dry, skin hot and dry; temperature was 101½°, her mind was less clear and she had begun to pick at the bed clothes. Doubled the quinine and added one grain of ipecac and one-fourth grain calomel to each dose; also gave a sedative mixture of nitre dulcis, potassium bromide, and tincture of aconite.

Dec. 29, 9 A. M. The fever had almost subsided, skin and tongue moist; expressed a wish to eat, but wanted whisky in everything, which was allowed freely; food was passing her bowels unchanged. I now added the aromatic spirits of ammonia to the list, which, for a time seemed to effect something, but after a few doses it lost its power entirely. At ten P. M. she was evidently growing weaker. She was beginning to sweat profusely again, and her extremities were perceptibly cooler, and she was very restless. As she had slept none the night before, I made an effort to put her to sleep with chloral, but no dose that I would venture to give to one so prostrated as she was, produced the slightest effect. Neither did a half grain of morphine effect anything.

Dec. 30, 9 A. M. She was wet with sweat, senseless, pulseless and cold; breathing was stertorous, spasmodic and irregular. I offered no treatment; at five o'clock P. M. she died.

This finishes the history of this remarkably interesting, and I had well nigh said unique case. I do not think the cause and pathology

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will be questioned. It might and perhaps ought to be remarked here, that cases of either acute or chronic Bright's disease are more frequent among the rheumatic than the healthy. And it has been thought, by good authorities, that puerperal albuminuria is likewise affected by the rheumatic diathesis. Outside of those rheumatics who have chronic interstitial nephritis, I doubt very much whether the rheumatic diathesis has anything at all to do with it. In the five cases of puerperal eclampsia that I have treated before this one, only one had the slightest suspicion of rheumatism. The nervous system presides over the functions of all the organs in the body, and in an especial manner over the functions of the organs of reproduction. In pregnancy, the nervous energy, which, under other circumstances would be equally distributed to all the organs, is now detracted from them and concentrated upon the uterus, and those organs are left without their normal stimuli—in fact in a degree of paresis. This, I imagine, is the chief cause of the derangements of the stomach, the liver and the kidneys, which we so frequently meet in pregnancy. When this condition is sufficiently intense and prolonged, and the tendency is to the kidneys, I know no reason why it, together with the pressure of the growing uterus, and the condition of the blood in pregnancy, might not be considered the factors in the causation of albuminuria in pregnancy. Of course, if there were already organic trouble in the kidneys, the tendency thereto would be the more intensified.

The time for the effectual treatment of this woman had evidently past, when she came under my observation. Had she come when first stricken with blindness, and had I found albumen in the urine, I should have depended largely upon derivatives, both to the skin and mucous membranes of the alimentary canal. In addition to this I should have exhibited non-irritating diuretics to unload the congested renal vessels, iron to improve the quality of the blood, and tannic acid for its specific effects upon the uriniferous tubuli.

The treatment, after she fell under my care, has been indicated in the record of the case.

There appeared to me to be three prime indications for the treatment. First—to prevent and control the convulsions, and release the nervous centers from the intense strain and tension caused thereby. Second—to eliminate the poison from the system as fast as possible; and this was eminently a case of blood-poison—an accumulation of urea in the blood and fluids of the entire body. And thirdly—to sustain, as far as possible, the vital forces.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

Stated meeting, Saturday, February 15, 1884.

DR. WILLIAMS.—Mr. President, the case of syphilitic ulceration of the lids presented two weeks ago still continues to improve nicely and rapidly. Since I had the case here two weeks ago I have not used any boracic acid locally, so that the continued improvement must be attributed to the iodide of potash, which has been continued right along. I repeat what I said then, that the effect of the use of iodide of potash proves satisfactorily to me that the diagnosis of syphilitic ulceration was correct. I haven't the slightest doubt about it as far as that is concerned. I did not ask the patient to come here to-night, because he is a little sensitive on the subject of syphilis. The other evening I called his trouble "specific ulceration," so that he would not know what it was, but the proper name of course is syphilitic ulceration.

DR. JOHNSON.—Did he have a chancre on his privates before this appeared on the eye?

DR. WILLIAMS.—Many years ago in Germany he refers to some kind of a sore that he had. Whether it was a chancre or not, I am not able to say. There is no distinct history of syphilis in the case.

DR. JOHNSON.—I saw the case here and the doctor used the word "specific." I didn't know then that when he used the word "specific," he referred to syphilis. There are several diseases which are called specific diseases. Dr. Williams has not given us the history of this ulceration of the eyelids. The report is that years ago, how long is not known, this gentleman is supposed to have had syphilis. It is an extraordinary case where there is secondary or constitutional syphilis which appears on the eyelids without any other symptom. In all my experience in this city, I believe I have never come across a case of constitutional syphilis—I mean by that after the local chancre or sore disappears in the course of six weeks or less time—when the constitutional symptoms appear. I have seen only one or two cases where the syphilitic eruption occurred without any other symptom.

DR. POLLAK.—You have seen syphilitic iritis?

DR. JOHNSTON.—Yes; I have seen that; I have seen eruptions on the palms of the hands and soles of the feet, and appearing on the skin; but I have never seen a case like this presented here the other evening. The

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gentleman himself can give no account of well marked syphilis. He is supposed to have contracted syphilis in the old country; he crosses the ocean and is exposed to the atmosphere of salt, which is supposed to aggravate syphilitic disease. How long he has been in America I don't know.

DR. WILLIAMS.—Three years.

DR. JOHNSTON.–And this is a sudden attack. How long has he been troubled with this ulceration?

DR. WILLIAMS.—The swelling and redness have lasted for several months; the ulceration is very recent, has lasted only four weeks.

DR. JOHNSTON.—He is a tailor by trade, is he not?

DR. WILLIAMS.—I believe so.

DR. JOHNSTON.—The more rational conclusion would be, as he is a tailor, that in repairing clothing for some syphilitic person a syphilitic husk might have been in the clothes; and although dry; it might have been dampened and the syphilitic matter have gotten on his hands, and in rubbing his eyes they may have been inoculated by the syphilitic poison, and thus we might have chancre commencing on the eyelid. And then again it would be rather unusual for a chancre to remain in statu for three or four weeks or two or three months; but such might be the case; and in this case, if it really is syphilis, the only rational way to account for it would be by concluding that as he was a tailor he had contracted the disease in that way. Then again, I believe the experience of syphilographers is that the iodide of potash plays a very small part in constitutional syphilis. I have seen very little benefit from it. In fact I rarely ever use it in the primary constitutional condition of the patient. I depend upon some form of mercury. But it does play an important part in the treatment of what is termed tertiary or the third condition of syphilis, wherein you have nodes and other consequences; and I think the experience of physicians and surgeons throughout the world in cases of true constitutional syphilis, is that there is not much to be gained from the use of iodide of potash. But they all agree that in the tertiary form it is almost a specific, if we have any specific at all.

DR. WATKINS.—In certain cases I believe that syphilis can remain dormant for quite a number of years, without any manifestation whatever. I call to mind the case of a man whom I treated some years ago, in which there was severe sore throat ulceration of the soft palate, and having examined the patient very carelessly, I prescribed quite as carelessly, giving ordinary chlorate of potash with a solution of myrrh, to be used as a gargle for the throat. The patient came back in three or four days and said his throat was no better. I then examined him very carefully, and found that there was distinct syphilitic ulceration. I didn't at first suspect a syphilitic trouble, but when I saw the well marked characteristic color and other conditions of the ulcer I was impressed with the syphilitic idea, and upon enquiry he told me that ten years previously he had had a chancre while in the army, and that from the time he had the the chancre and treatment for it he had never seen the first indication of an eruption or any syphilitic evidence about his person in shape or manner; but suddenly here came that syphilitic sore throat. I immediately put him on proto-iodide of mercury, and the ulceration healed almost as by magic; I followed that with the iodide of potash. So there was a case in which the syphilis had certainly remained dormant for ten years as far as his observation extended. It was rather remarkable to me that it should remain so long without any manifestation whatever; but such appeared to be the case.

DR. WILLIAMS.—Mr. President, I wish to say a single word in answer to Dr. Johnston; and that is that the trouble in this case was of the cartilages of the lids, and the redness and swelling was the result of this trouble of the cartilages. Hence the trouble in the cartilage continued for a certain time and then the ulceration broke out from the cartilages, through the coverings of the cartilages; so that, properly speaking, this is tertiary syphilis. There were no other evidences of syphilis in this man that I could find, except that he stated that many years ago he had a small sore on his penis which got well quickly, and that is all he could say about it. It is well known that iodide of potash is almost an absolute specific in tertiary syphilis; hence I take it that that is one of the reasons why this case improved so promptly from the use of the remedy. Iodide of potash is of no use in the first stages of syphilis, certainly it is in the second and especially in the third stage it is a very excellent remedy. In the second stage mercury should be combined with it; in the third stage, the tertiary stage, iodide of potash alone is the remedy. In regard to the amount that I gave the patient, Dr. Johnston said the other evening that it seemed strange that the patient survived the treatment. I will say that thirty grains of iodide of potash three times a day is a comparatively small dose. Dr. Frazier told me this week that he now had a patient now on hand who took 120 grains

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iodide of potash a day. So that the plan now is to give these syphilitic cases immense doses of iodide of potassium. Eight grains three times a day is quite moderate, notwithstanding Dr. Johnston thought it was strange that the patient survived it.

Dr. Dean—I will state in answer to Dr. Jonnston's remark that I have had patients to whom I have given an ounce a day with marked improvement, while it was dropped once or twice. I remember one case especially, in which it was dropped without my knowledge, and it was noticed especially by Dr. Hodgen. On inquiring into the case we ascertained that the remedy had been dropped. Once or twice the process of repair and resolution, which seemed to be going on, ceased, and on looking the matter up it was found that in the change of service the iodide of potash had been omitted. But we have repeatedly given an ounce a day. Of course we select the cases.

Dr. Johnston.—What effect did it have on the testicles?

Dr. Dean.—No unfavorable effect on the patient at all; considering what the patient had been and would have been without it.

Dr. Johnson.—What effect does it have on the female breasts, the mammæ?

Dr. Dean.—I can't say in regard to that; there are very few of such cases with us, but I have had quite a large number of cases of gummata where these were very large and a few where we had gumma under the scar as well as above.

Dr. Johnston.—I was not quite understood in speaking of the necessity of being cautious in the general use of the iodide of potash. I said there were peculiar idiosyncrasies; and I had found that five grains would poison the system of some persons, and yet I am aware of the fact that at Hot Springs they are in the habit of giving 150 or 200 grains in tertiary syphilis as an ordinary remedy; and if I understand the idiosyncrasy of the patient, I would not hesitate to give, as Dr. Dean has stated, even an ounce. You will remember t when Majendie commenced the use of the remedy, we were cautioned about giving the iodide of potash; it was stated that it would produce absoption of and destroy the testicles; and would also act upon the mammary glands of the mother and cause them to be absorbed. Those who have read Majendie will remember this caution. I think that the remedy was first brought into use by Majendie in 1812, so that when I entered the profession forty years ago, five grains was considered an enormous dose, and we were cautioned about its use for fear of injuring the testicles of a male or mammæ of the female. I have used it a great deal, and have never seen it affect the testicles of the male or the mammæ of the female—either in small or large doses.

Dr. Dudley.—I would like to ask Dr. Dean, in the case in which he gave an ounce a day. What doses did you give and at what intervals?

Dr. Dean.–My preference is always to give it in large doses with the food. I make a concentrated solution. It was taught a great many years ago to be given between meals. The first year that I was here the subject was discussed before this society. ' I give it just before, or, immediately after the time of taking food.

Dr. Hurt.—In connection with iodide of potassium it has been stated that if given when the food was in the stomach, at any time within two hours after the administration of the food, it would be about the same as giving the iodide of starch; and it has been a question with physiologists and chemists whether the iodide of starch had any physiological effect—any medicinal or toxic effect whatever. It is supposed to be quite inert. I suppose that is the secret of the success in administering these heroic doses of medicine.

Dr. Hughes.—Iodide of potassium the last thing at night; give a full dose the last thing at night and first thing in the morning, not with the food, but in a glass full of water. Bromide of potassium is given the same way. I have given to quite a number of patients as much two drachm doses of the iodide of potassium in the morning, in the middle of the day and at night. I never give bromide of sodium or potassium after meals.

Dr. Johnston.—Why? I am in the habit of giving it after meals. Why don't you give it after meals? If I am wrong I want to be put right.

Dr. Hughes.—Within an hour and a half after meals the stomach is charged with the digestive acids; and my practice is never to put a petanic salt into the stomach at the time the digestive processes are going on. I never give bromide of potassium after, but always before meals. The first thing in the morning, and about three o'clock in the afternoon, except when I wish to produce profound sleep, then I give it later than that. I give it either before, or a good while after, meals.

Dr. Dean.—I would like to ask the doctor if he has given as much as an ounce a day.

Dr. Hughes.—I have in syphilitic insanity and in syphilitic disease of the nervous system. I reported a case here in 1867 or 1868 in which I gave a patient as

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much as six drachms in a day habitually, and occasionally raised the dose up to an ounce a day with no untoward effect whatever; on the contrary. The case was one of violent insanity in a lawyer from a distant part of this State who recovered in the course of six months, and who was convalescent at the end of four months, if I am not inaccurate about the record of the case. It has been heretofore reported; and he has remained cured, so far as I know; and he was sufficiently recovered to dispute his bill in court and gain his suit against the treasurer of our institution for the enormous charge which he said the institution had saddled upon him during the time of his most violent maniacal excitement. He said it couldn't be that he had destroyed so much property and worn out so much clothiug. He had a new suit furnished him every few days, for a while, until he was given the strong hospital suit, with pantaloons and coat all made in one.

It is undesirable to put an excess of the salts of potash or any salt into the stomach when the digestive process is going on. That is the philosophy that I have acted on in the therapeutic use of the bromide and iodide of potassium.

Dr. Watkins.—I have used iodide of potassium quite a number of times with remarkble effect, and never produced iodism, in lead colic. I have a record of some seventeen cases that I have treated in the space of six years, in which I gave iodide of potassium in all sorts of doses nearly. I have never used as much as Dr. Dean has spoken of, but I have used large quantitiês of it to assist in the elimination of the lead from the system and it is a remarkable fact that in 170 odd cases of lead colic which I treated with iodide of potassium, I used it almost invariably, I never met with a case of iodism. I can't explain why it is, but it appears to be a fact.

Dr. Prewitt.—In regard to the doses in which iodide of potassium may be given there is of course a great difference in the degree of toleration of different individuals. I remember that Dr. Hughes reported some cases once in which one-fourth of a grain or less produced symptoms of iodism. On the other hand, I have exceeded Dr. Dean's cases by 100 per cent. I have given two ounces a day, and the rule which I adopt always in giving iodide of potassium is not to give any particular dose, but, commencing perhaps at five grain doses, I increase the dose to the point of toleration unless the symptoms yield before that period has been reached. That I regard as the proper way of giving iodide of potassium: pushing it, and keep pushing it until the point of toleration has been reached unless the symptoms yield before that is done. Now the case which I referred to in which I gave two ounces a day was the case of a woman who had tertiary syphilis; there was disease of the bone of the skull; there were large gummatous tumors and it was necessary to push it, and I did push and keep pushing the quantity until she took two ounces a day for a considerable while with very marked bene fit of the symptoms. She subsequently lost a very considerable portion of the frontal bone, which was necrosed and came away, When I saw her last she was in good health. the ulceration upon the forehead had healed and all the symptoms disappeared and she was apparently well.

I wish to speak on another point; it has been stated that if the iodide of potash be given after meals it then is converted into iodide of starch and consequently becomes inert. Now I doubt whether this is the fact. The iodide of starch has been given for lupus and it is claimed with the best results. It certainly cannot be an inert substance if it would produce a beneficial effect in lupus, and I doubt whether it is inert even when taken into the stomach after starchy food. I know I have given it two or three hours after meals and am sure that I got the beneficial effect from it. We may have iodism or a marked amelioration of the syphlitic symptoms in cases of syphilis when we give the iodide of potassium after meals as well as when you give upon an empty stomach. There is no question about it. A great many of these things are matters of theory and as theories they look very well, but practice does not confirm them. Many medicinal agents are said to be incompatible and yet experience shows that when given in combination they certainly do good. So we cannot always be guided in the exhibition of remedies by mere theoretical views in the matter. The period for the exhibition of iodide of potassium in which the most characteristic results are obtained everybody knows is in the tertiary stage of syphilis. Comparatively little benefit is derived from it during the early period of the secondary stages. It is during the second or tertiary stages that the iodide of potassium does good. It is sometimes necessary to give mercurials at the same time and they may be given in combination in this transition stage, as it were, with very happy results.

Dr. Dean—I know it to be a fact that iodide of potassium may be administered on an empty stomach with good results, and there may be cases which with reasonable

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doses, may be better treated thus; but I am satisfied that it is better to give it after meals, and on the grounds that Dr. Hurt has mentioned; it is incorporated with the food and taken into the system better and is better digested; it is less irritating to the stomach, thus forming iodide of starch. I think very little of it undergoes any decomposition; in fact I think it would, not do any harm if the iodide were freed in the stomach. It wouldn't enter the blood as it does in combination.

Dr. Rumbold.—I have for a number of years given iodide of potassium for syphilitic disease of the throat, nose and ears, and since 1872 I have always advised it to be taken after meals, and with considerable water. Dr. Prewitt's method of giving this remedy is my method also. I prescribe five grains the first day, three times a day; ten the second day; fifteen the third day; each three times a day after meals, and so on until there is an amelioration of the symptoms, or patients complain of distress in the kidneys or stomach. This last fall I had a lady patient who was suffering from tertiary syphilis, she had lost some bones of the nose. She took as high as 60 grains three times a day, and improved very much in flesh and regained her appetite. I have some times given the iodide of potassium before meals but it was never as kindly borne by the stomach, as it was when taken after meals.

Dr. Hughes.—I don't think there is any objection to small doses of iodide of potassium immediately after meals or immediately before. It was in reference to these large doses that I think the objection holds good. It is not because I think that the normal acids of the stomach are capable of converting the iodide of potassium into iodide of starch that I would object to its being given in such large doses as two drachms or more immediately after meals, but because of the excess of alkalis put into the stomach at the time the process of digestion is is going on. Possibly the objection may not be a good one; it may not be well founded, but I have always entertained the opinion that nature supplied the alkali and acid constituents of the gastric juice in proper proportion, and any great excess of acid or alkali was objectionable at the time the digestive process was going on. Hence I prefer to wait until it is completed and before it has begun again. For that reason I would give it early in the morning and again late at night, and sometimes between the intervening meals during the day. I don't wish to be misunderstood on this subject.

Now in regard to idiosyncracies. I related the history of the individual to whom Dr. Prewitt alludes. I first discovered my own idiosycrasy in regard to iodide of potassium from painting a wart on my finger with the tincture of iodine, and in a very short time I had that peculiar metallic taste which is familar to any person who has this idosyncrasy for iodide of potassium, similar to that caused by electric excitation of the salivary glands.

Now in regard to the eruption. I have seen the eruption produced in an incredibly short space of time. I would like very much to know whether parties who have syphilis are free from this idiosyncrasy. I have never seen the iodide rash, or acne, occur in a person who was syphilitic, that I recollect. It has always seemed to me that persons with syphilis possessed a peculiar tolerance of iodide of potassium. Whether it is true or not I am not able to say: that has been my observation. I don't know how iodide acne is caused; I have never seen any satisfactory explanation. It occurs so rapidly that it cannot be a process of absorption and blood change, it must be due to some impression upon the involuntary nervous system very much like the peculiar eruption of urticaria—eruption which follows a disturbance of digestion. It is well known that urticaria occurs in an incredibly short space of time. Any gentleman who has had it knows how short a space of time it takes, especially if he has eaten some food he is unaccustomed to digest. I never had the trouble but once in my life; and got the trouble from eating canned strawberries. In a few minutes after retiring I thought my bed was filled with bugs. I got up and looked around for bed-bugs and couldn't find any. I went to bed and got up as often as half a dozen times before I became satisfied that I had nettle rash.

It was in the summer season and I felt myself considerably exhausted. It was the only time I ever had the trouble. One afternoon I went to Alton and took a room at a hotel, as I wanted to be by myself and have absolute rest. I was so tired that when I got on the boat I slept all the way to Alton. That night I ate those canned strawberries just before going to bed, and I hadn't any more than got to bed when I had the nettle rash.

Dr. Wise.—I think I can answer the question put by Dr. Hughes with regard to the tolerance of iodide of potash in tertiary syphilis. I have recently had a case of tertiary syphilis under my care in which the patient was exceedingly intolerant of that drug; so that it is very evident that syphilis does not always produce tolerance. I would

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like for one moment to return to the original discussion. In regard to Dr. Johnston's theory that the ulceration might be a primary chancre, I think the history of the case plainly shows that that would be impossible, in as much as the swelling was present several months. If it had been primary chancre, these preliminary symptoms would not have been present for that length of time. I decidedly disagree with the gentleman who reports this case as necessarily a case of syphilis, because the patient got well while he was administering the iodide of potassium. I think that method of reasoning is exceedingly vicious. You have a case in which for 15 years there is not a single symptom of syphilis, the man has an ulcer upon the eyelid; the doctor doesn't know what it is; none of the gentlemen know what it is; they examine it and some think it is an epithelioma, others that it is lupus; but Dr. Williams puts him upon iodide of potassium and he is improving, and so he concludes just because the man is improving that it necessarily must have been syphilis. I think that is very bad reasoning, and unfortunately we have too much of that kind of logic in therapeutics altogether.

Dr. Prewitt.—I would like to ask Dr. Wise what were the symptoms of intolerance presented by the case of tertiary syphilis?

Dr. Wise.—There appeared to be some bone trouble in the nose—some necrosis—and I put him on ten grain doses of iodide of potassium and he immediately became excessively catarrhal, his nose commenced to run, and he had in addition salivation. He did not have iodide of potassium eruption.

Dr. Dean.—I will say in connection with what Dr. Hughes has said in regard to idiosyncrasies that I am troubled somewhat in the same way. When I was a small boy I ate a rose-bud and was very sick from it, and from that time on for 15 years I could not endure the smell of a rose without a tickling sensation over the whole body. Afterwards I found that I couldn't eat strawberries, and also that my mother could not. Vegetarians claim that any idiosyncrasy in regard to vegetables could be overcome, and although I have no faith in their doctrines, I thought they ought to know if any one did; and I have tried, perhaps for 7 or 8 years, a single strawberry, but it affects me as badly as if I ate a large dish. I have been compelled to go to bed on account of it several times. My face and eye-lids will swell. I never have urticaria at any other time except when I eat strawberries.

Dr. Hughes.—The fact has not been alluded to of the different manner in which the intolerance for iodide of potassium displays itself in different persons: Some will have acne and not have catarrhal symptoms; the eruptive evidences of intolerance are comparitively infrequent: they are quite infrequent as compared with the other evidences. The impression upon the salivary apparatus is less frequent than the catarrhal symptoms. I have occasion to use iodide of potassium a good deal in large doses (not only in syphiliitic trouble) and my observation is that a large number of persons display an intolerance for iodide of potassium by catarrhal symptoms. It is so common in my observation that I feel my way before giving large full doses. It is very singular that the intolerance displays itself in this manner. One would suppose an individual whose idiosyncrasy would display itself in catarrhal symptoms, would have eruption and excessive salivary secretion; but this is not the case. They either have one or the other, very seldom more than one.

Dr. Wise.—I think if you look over the literature of the subject you will find that the eruption is rare in comparison with the catarrhal symptoms. The usual manifestation of iodism is the catarrhal symptom and, not the eruption. I suppose the eruption occurs in the proportion of one to ten.

Dr. Dean.—I would like to ask Dr. Prewitt if in the cases where he gave such large doses he didn't commence with smaller doses and increase them gradually?

Dr. Prewitt.—I always commence with smaller doses. I recognize the fact that the patient is liable to have idiosyncrasy and is liable to this susceptibility. I commence with five grain doses, and if the patient has any unpleasant symptoms I drop it for a time and commence on smaller doses. It is a fact that a patient will overcome the idiosyncrasy. I have had patients to whom I have given 5 grain doses, and as a result they had marked catarrhal symptoms to such a degree that I was obliged to stop for a while and commence with smaller doses, but after a while I got up to 15 or 20 grain doses, which they could tolerate very well. This intolerance gives way—it does not persist if given properly; I presume a good many patients would manifest it if we commenced with large doses. But speaking of the tolerance of iodide of potassium, I think Dr. Hughes is right to a great extent. Patients with syphilis do tolerate iodide of potassium much better than those who have no syphilis.

Dr. Dean.—Have you ever given it in such large doses except to syphilitic patients?

Dr. Prewitt.—Never as large as that. I have given it in thirty grain doses. I am giv-

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ing it to a young woman who had chronic spinal meningitis—I am giving 30 grain doses, three times a day. The eruption is very marked. I commenced with five grain doses and she did not complain of catarrhal symptoms. I don't recall now an instance of tertiary syphilis in which I have ever seen a patient with these marked catarrhal symptoms as the result of the exhibition of the iodide of potassium, and pushing it to the point of tolerance of which I spoke, it was the tolerance of the stomach rather than the manifestation of these catarrhal symptoms. Now, on thinking of it; I don't recollect a single instance in which I have seen a patient with tertiary syphilis manifest these catarrhal symptoms. On the other hand I have a patient on hand now with osteo-arthritis occurring in the knee joint, to whom I have been giving five grain doses, and his face swelled up and he had marked catarrhal symptoms; he had constricting pain in the forehead, and was so very uncomfortable that I had to discontinue the five grain doses. I expect if that man had had syphilis he would have borne it much better.

Dr. Johnston.—Did it affect the parotid glands any?

Dr. Prewitt.—No sir. I doubt exceedingly whether it ever produced atrophy of the testicle except in cases where there were syphilitic testicles, and where the atrophy would have occurred independently of the exhibition of the iodide of potash. I have never seen any such effect from its use; I have never seen it affect the testicles of the male or the mammæ of the female, and doubt exceedingly that it does.

Dr. Dean.— My experience has been the same as that of Dr. Prewitt as regards the administration of this remedy, and especially with reference to the tolerance. In regard to Dr. Williams, case I should say that where there is such a history and the patient improves on the exhibition of this remedy, it would go a long way towards proving the diagnosis of syphilis. I should be loath to to call it a syphilitic case because the patient is getting well. All the cartilaginous tissue is now gone, and there is different tissue involved now.

Dr. Hughes read a paper on "Chorea." (See paper).

DISCUSSION.

Dr. Dean.—Did the child get well?

Dr. Hughes.—Oh, yes. This is only one of a great many cases that I have seen at different times of a similar character, where the physicians thought the cases hopeless. It is true I used cephalic galvanism in the cases. Some people think me to enthusiastic in that regard; but I believe if the practice were adopted more generally by physicians in the country, or if the country practitioners would cultivate a little more professional comity and exchange their cases,—their nervous cases and hysterical cases—there would be much better results. In chorea as in hysteria, the essential condition is a loss of power, not of power in the spinal cord, but it is a loss of power of the psychomotor areas of the brain. In order to arrest hysteria you have to produce a profound impression: such an impression as to arouse the patient, and keep her aroused in the interim between the attacks.

Dr. Dean.—Do all the choreic paroxysms cease except the cough when the child is asleep?

Dr. Hughes.—Yes, sir, that is very commonly the case.

Dr. Rumbold.—I would like to ask Dr. Hughes what he did for that paroxysmal cough which was so frequently observed at night, and whether he supposes the cough has anything to do with the chorea? What was the cause of the cough and what he did for it?

Dr. Hughes.—I don't consider that the chorea caused the cough, because when I came to examine the child I found it was not a cough. There was no irritation; there was no subacute inflammation anywhere. It was a peculiar larygeal choreic spasm which the child had at night. This child which I spoke of had been under the treatment of Dr. Matthews, of Carthage, and he supposed, of course, that there was some trouble of the throat. I examined the throat very carefully, and could find no evidence of any inflammatory changes. I have seen cases where I felt satisfied that the choreic troubles were caused by irritation within the throat. I have a case under treatment now of a different character; a gentleman who has an abscess in the antrum Hymorianum which came from the extraction of an upper molar tooth 12 years ago, and he told me that asthma made its appearance five or six months after the tooth was extracted; the antrum filled and gave him a great deal of trouble, and has been suppurating ever since. He thought this was the exciting cause. I have no doubt it was, although I don't know that it was the only factor; I didn't consider whether there was any reflex nervous disturbance. I don't think it is the peripheral cause of the irritation which is the sole factor. My observation has always led me to look for another factor; a second factor, in the constitution of the individual.

Dr. Johnston.—Twenty years ago in this city there was a patient under my charge, a lady, who on becoming pregnant would have a

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distressing cough, without expectoration, and this would continue after the time ofquickening until the birth of the child. I would like to ask Dr. Hughes what that was? I think that it is the only case of the kind that ever came under my observation.

Dr. Atwood.—Doubtless, sir, the causes of chorea are many and varied, as has been stated by Dr. Hughes in his excellent paper, but amongst the many I should select as the most frequent, the irritation of the motor centre. Proceeding upon that hypothesis, many years ago, (my attention being especially drawn to the fact that the brain was anæmic in sleep, and that the choreic symptoms usually disappeared during rest), I was led to believe that this irritation in the motor centres is caused by a great influx of blood; accepting that as correct, and being called, 20 years ago, to treat a case, I put my patient on Norwood's tincture of veratrum viride, giving about 5 or 6 drops at first, and increasing the dose one drop every three hours until I produced a decline in the pulse, a diminution in the number of beats per minute, and perhaps some nausea; at the end of the next three hours I gave half the number of drops, noticed the effect and continued it,and in time the choreic symptoms disappeared, aud the patient got well in the course of three or four days. I have had occasion in two or three cases since that to institute this treatment, and always with success. It is well, perhaps, that I should mention it, since it may be that others, who have a more extensive practice than myself in that class of cases, will have a more ample opportunity to test the matter, and determine whether my theory is correct. I will say in relation to the treatment, that it is probable that chloral is an excellent remedy, and the bromides, being nerve sedatives, induce precisely the same conditions. I wish Dr. Hughes would try veratrum viride if he has an opportunity.

Dr. Hughes.—I will.

Dr. Johnston.—Would you try it in a case of anæmia, doctor?

Dr. Hughes.—I will try it in case I think it is hyperæmic chorea; if the trouble is due to hyperæmic disturbance. But I wish to correct the doctor in regard to chloral hydrate and bromide of potassium. Bromide of potassium has the power of contracting the cerebral arterioles, and influencing the cerebral vaso-motor system much more powerfully than chloral hydrate. Chloral hydrate does not produce a very marked anæmia of the brain directly; it acts directly upon the irritated cerebral cells—is supposed to, and it is considered to be the remedy in anæmic states of the brain, in preference to bromide of potassium, which produces more anæmia than chloral hydrate. My rule is always to use chloral hydrate where the condition of the brain is anæmic, and where it is markedly hyperæmic to use large doses of bromide of potassium, as much as 180 grains or more in 24 hours.

Dr. Dean.—I can answer Dr. Johnston's question, so far as certain experience of my own is concerned, with reference to women in pregnancy. I have seen a large number of women, especially women in their first pregnancy, complain of having taken cold in the head, and a considerable number of those women afterwards counted it as much of a symptom of pregnancy as any other.

Dr. Hughes.—I will say that I meant no discourtesy to Dr. Johnston by not answering his question, but I had forgotten it In regard to uterine action, that this is not a singular experience among observing gynæcoligists, any more than the hepatic action is in the observation of clinicians. It is not difficult to conceive how a wave of irritation may pass upward from the ovary through the sympathetic nervous system to the higher ganglia, so as to influence the lungs, diaphragm and bronchi or the heart. The most common uterine irritations, that we are familiar with, are cardiac implications; but we know very well how a wave of irritation may travel from the uterus and implicate other parts of the system; you can have bronchial congestion, you can have hyperæmic cerebral states, and cardiac irritations. Nobody makes this so plain as Dr. Tilt. Dr. Johnston is a reading man, and he will find the explanation in that work, if he will get "Tilt on the Change of Life," and read the chapter on Women. He will find these things explained to his satisfaction.

SOCIETY OF GERMAN PHYSICIANS OF ST. LOUIS.

Minutes of the 38 meeting, Feb. 1, 1884.

Dr. Alt in the chair.

Dr. Hunicke read a paper on purulent conjunctivitis. (The paper will appear next week).

DISCUSSION.

Dr. Greiner stated Dr. Hunicke had not referred to the prophylactic instillations of caustic or antiseptic solutions into the eyes of the newly born, as first recommended by Olshausen. He further stated that the prophylactic instillations of nitrate of silver solution, caused traumatic conjunctivitis.

Dr. Schwarz said that Credé was the first to recommend the prophylactic instillations, and that this author had undoubtedly excellent results from the instillation of a two per cent

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solution of nitrate of silver, followed by bathing with a solution of salicylic acid. Under this treatment not a single case of purulent conjunctivitis of the newly born had been observed in 200 consecutive cases. Kehrer had 10 per cent of purulent conjunctivitis by using a one per cent solution of nitrate of silver. In Vienna it is customary to irrigate the vagina with carbolic acid,or corrosive sublimate solutions, before the confinement, followed by the instillation of a one per cent solution of nitrate of silver into the eyes of the newly born. The result of this method is the occurrence of purulent conjunctivitis in only 3 or 4 per cent of cases.

Dr. Alt.—The ulcerations of the cornea occurring during purulent, and especially during gonorrhœal conjunctivitis, are not only due to the pressure of the swollen lids and consequent constriction of the blood-vessels, and impaired nutrition of the corneal tissue, but decidedly, also, to the direct infection with the pus in which the cornea is continually bathed. Purulent conjunctivitis of the newly born, should, when intelligently treated, never lead to the loss of an eye, or even to ulceration. Unfortunately these cases come frequently under treatment when the mischief is already done. I have never in my practice lost an eye affected by purulent conjunctivitis of the newly born, when it came under treatment at an early stage. Such good results ought always to be obtained, and are due chiefly to the absolute cleanliness insisted upon. Dr. Hunicke simply classified trachoma as a chronic purulent conjunctivitis. I am aware that of late efforts have been made to prove that trachoma is not a special affection, yet I cannot agree with this idea. It is true, a chronic purulent conjunctivitis may give rise to trachoma, but the undoubted existence of an acute trachoma, proves this affection to be a disease per se. There is, moreover, a histological difference between the two diseases. Croupous conjunctivitis is also a disease of itself and not simply a special form of purulent conjunctivitis. The method of isolating the healthy eye, by means of a glass or other apparatus, is in my opinion of little value. The best disinfecting agent, so to speak, is plenty of fresh water; corrosive sublimate is of no value in purulent conjunctivities. Caustic treatment gives the best results. I use a one per cent solution of nitrate of silver once in 24 hours. To apply it twice a day is absolutely wrong. The eschar following such an application is cast off in about 18 hours, and a new application must not be made until the epithelial coat has been formed again. In the treatment of trachoma I prefer the sulphate of copper in substance to all other agents. In the treatment of purulent conjunctivitis I always use a one per cent solution of nitrate of silver from the beginning, even if the discharge is as yet scant and watery. This is against general usage, but the good results from this treatment have encouraged me to do so always. Leeching and scarifications are of little value.

Dr. Schwarz.—I agree with Dr. Alt that the continued use of plenty of water, is, as a rule, followed by good results.

Dr. Curtman.—The micrococci and bacteria are destroyed by plenty of water.

Dr. Hunicke.—I have heard that Mauthner cultivated the diplococcus of gonorrhœal conjunctivitis, but could not reproduce the affection by inoculation with the cultivated parasite.

Dr. Greiner.—The diplococcus has by others been cultivated, and been reapplied with perfect success.

Dr. Schwarz stated that it had not been possible to produce purulent conjunctivitis with the cultivated diplococcus. He drew attention to Koch's report of the presence of parasites in trachoma. Sattler cultivated what he thought the trachoma parasite, but inoculations proved unsuccessful.

Dr. Bremer.—The diplococcus of gonorrhœ is an established fact. A differential diagnosis can always be made between a gonorrhœa and a simple discharge from the urethra by the presence or absence of this parasite.

Dr. Schwarz related a case in which the presence of the diplococcus was made use of in court in order to convict the defendant.

Dr. Evers reported a case of death from scarlet fever, 17 hours after the first symptoms of the disease had appeared.

Dr, Greiner related a case of severe scarlet fever with nephritis, in which, during the reconvalescent period, the nails of all the fingers showed a transverse fissure.

Dr. Luedeking thought that this must be due to an inflammation of the matrix.

Dr. Bremer drew attention to the analogy between this affection and the loss of the hair after severe illnesses.

Dr. Speigelhahter thought the two processes analogous to the desquamation of the epidermis.

Dr. Fisher said that in scarlet fever an exudation takes place under the epidermis which causes necrosis of this tissue, and thus desquamation is brought about. He had a case in which all the nails were lost.

Dr. Evers referred to a case in the practice of the late Dr. Hodgen in which, after a congestive chill, the epidermis came off the fingers like the fingers of a glove.

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THE WEEKLY MEDICAL REVIEW.

VOL. IX. No. 10. CHICAGO AND ST. LOUIS, MARCH 8, 1884. TERMS: $3 A YEAR.

THE HOMŒOPATHIC PHYSICIANS OF ST. LOUIS have been circulating a petition for presentation to the city fathers, asking that a portion of the City Hospital be set aside for treatment of patients according to the methods of their school. The grounds upon which they base their request are as follows: 1st. Homœopaths are tax-payers, and contribute to the support of all public institutions, and are, therefore, entitled to representation in the medical charities. 2d. A large number of indigent, entitled to treatment in public institutions, become objects of private homœopathic charity. 3d. The introduction of homœopathy into the City Hospital would contribute to the benefit of homœopathic students who come to St. Louis, and thereby increase its reputation as a medical centre. 4th. It would considerably reduce the expenses of the hospital, shorten per diem sickness of its inmates, and diminish the rate of mortality. 5th. That it is a matter of common justice and equity that a system of medicine, numbering thousands of our best citizens, should be represented in said hospital for the following reasons, viz: That it is a well-tried and demonstrated system of medicine; that it has stood the test of rigid and accurate observation in European and American institutions and in private practice. That it is based upon an established law of nature, and is entitled to the confidence of every intelligent community. "In view of the above considerations, which are only a part of its superior virtues, your petitioners request, as a matter of right and justice, that relief be granted them by setting aside a portion of said City Hospital, as has been done in other large cities, for the use of such inmates of said hospital who prefer homœopathic treatment, and your petitioners will ever pray." In regard to the petition, the health commissioners, neither of whom are physicians, remarked as follows: Health Commissioner Stevenson said he had never given the matter any thought. He was not responsible for the condition of things. If it was true that the entire materia medica of the system of homœopathy could be carried in the breeches pocket it would be a good thing to let the homœopaths into the hospitals, as there would be an enormous reduction in the drug bills. Assistant Commissioner Francis remarked: "That's an old story. Why don't we let the homœopaths in? Because oil and water will not mix. The health commissioner is not responsible. The charter provides that the superintendents of all the hospitals shall be held responsible for the treatment of the patients under their charge. Now, the superintendents of the hospitals are all physicians of the allopath school, and it is hardly to be supposed that they would have assistants whose principles of medical treatment they think are radically wrong. Would a homœopath physician be responsible for the treatment of his patients by an allopath? There are no homœopaths in the board of health. The way for these people to do is to elect a homœopathic mayor, and maybe then the allopaths would be barred out of the hospitals. To have the two schools of medicine in the hospital would be the cause of conflict and turmoil. It would require additional druggists and a double supply of drugs. In short, oil and water will not mix, and the board of health and the health commissioner are not in position to attempt to mix them, even were they desirous of so doing." Some of the claims of the petitioners are of a refreshingly modest character. We presume they go on the principle, "Claim everything, and do it boldly."

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THE ORDINANCE CLOSING the Opium "Joints" of St. Louis, has been rigidly enforced, but how long they will be kept closed is another matter, as experience shows that it is almost an impossibility to enforce sumptuary laws, and the smoking of opium falls under that head. Mr. Harris, a member of the House of Delegates, says: "The opium ordinance is all right, but there are other things to be suppressed in the same line. I propose at an early day to introduce an amendment making it punishable by a heavy fine to vend morphine except upon the prescription of a regularly registered physician. There is much morphine eating in St. Louis, and it is fully as debasing a habit as the smoking of opium." Mr. Harris will receive the approval of the medical profession in his efforts to regulate the sale of opium,and its derivatives; there can be no question that legislation on this subject is highly necessary. As far as the comparative deleterious effects of eating and smoking opium are concerned, there can be no doubt that the latter is much the least harmful way of taking the stimulant, and there are some writers who seem to doubt if smoking of opium is any worse than the smoking of tobacco.

IN THE TREATMENT OF PLACENTA PREVIA, Jungblute (Volkmann's Sammlung, No. 235) recommends the efficient tamponade of the cervical canal with sponge tents. The tents he makes perfectly aseptic as follows: A portion of fine-mesh sponges, of different sizes, is beaten thoroughly with a wooden hammer, and then washed for eight or ten minutes with a two per cent solution of hyper-manganate of potash. The washing is repeated in a two-per-cent solution of binoxalate of potash, until the mass has assumed a yellowish-white appearance,and until no sediment remains in the solution. Finally it is washed in distilled water, until the addition of lime water fails to give an oxalic acid reaction. The mass is then soaked for two days in a five-per-cent solution of the purest carbolic acid. The separate sponges are next squeezed two or three times in a ten-per cent solution of the best white gum arabic and are strung lengthwise upon a piece of thin wire. Carbolized thread is then wound around them and the wire is removed. They are next dried in a warm place, between leaves of blotting paper, and when absolutely dry the surrounding thread is removed.

BLOOD OF THE MOTHER INFLUENCED BY SEX OF THE CHILD.—A recent writer (Am. Jour. Obstet., February, 1884), says he is persuaded that there probabably is a difference, however trifling, in the blood of a pregnant woman carrying a male, from that usual in carrying a female. He argues that female conceptions are attended with constipation, which indicates an absorption of fluids into the circulation; and, if the blood contains a a larger proportion of water in the case of female conceptions, this might in some measure explain the longer duration of the lochial discharge in such cases. Heaviness of spirits, drowsiness, bad color, indigestion,etc.,in pregnant woman carrying girls may be accounted for by the constipation which is found in the mother in such cases.

THE TEMPERATURE OF THE UTERUS DURING GESTATION would probably be found by close observation (Am. Jour. Obstetrics, February, 1884,) to show an appreciable deviation as compared with the non-pregnant state, and there would probably be a greater elevation when carrying a male fetus than when carrying a female, particularly before quickening.

PAGET'S DISEASE OF THE NIPPLE, and eczema of the nipple and areola have had their diagnostic differences, pointed out often, but a repetition may not be out of place. Dr. McCall Anderson, in an article on the treatment of eczema (Journal of Cutaneous and Venereal Diseases), thus sums up some of the most important differences. Paget's Disease of the nipple. 1. Occurs especially in woman who have passed the grand climacteric. 2. Affected surface in typical cases, of brilliant red color, raw and granular looking after the removal of crusts. 3. When grasped between the thumb

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and forefinger, superficial induration often felt, as if a penny were laid on a soft, elastic surface, and grasped through a piece of cloth. (Thin.) 4. Edge of eruption abrupt and sharply-cut, and often elevated. 5. Very obstinate, and only yields to extirpation or other treatment applicable to epithelioma generally.

Eczema of the nipple and areola. 1. Occurs especially in women earlier in life, and particularly during lactation, or in persons laboring under scabies. 2. Surface not so red and raw-looking, and not granular, but often punctated. 3. Soft, and no induration. 4. Edge not so abrupt, and certainly never elevated. 5. Although sometimes obstinate, yields to treatment applicable to eczema.

The importance of making an early diagnosis is apparent, as early extirpation of the parts involved by epithelioma will result in a cure, whereas any attempts to treat it as eczema will only aggravate the condition and render any hopes of recovery almost groundless, if too much time has been lost.

Criminal Attempts in Lunatic Asylums. —Dr. Geraud (Annales Medico-Psychologiques) discusses criminal attempts by patients of hospitals for the insane. Dr. Kiernan (Journal of Neurology and Psychiatry), after examining a number of American cases of the same kind concludes: First, That the insane may commit crime from sane motives. Second: That crime in the insane may arise from a logical process of reasoning based on delusive conceptions. Third: That even an imperative conception which urges immediate action may be interfered with, by a healthy conception, and cause an apparent vacillation in the patient's purpose. Finally: That the question of motive should be the last thing considered.

An Interesting Case of Zona of the mouth, limited to the regions supplied by the lingual nerve and the inferior dental nerve, a branch of the inferior maxillary, is recorded by Dr. Desahyes in l'Union Médicale (Jour. Cut. and Ven. Dis.) The tonsils, floor and roof of the mouth; tongue, gums, the incisors, canines, and molars; the lower lip, and a portion of the skin of the chin were the seat of the pains, which, as regards the soft parts, were soon followed by the eruption. The teeth are at the present time—a year after the disease—entirely exempt from erosion, and no disturbance in the function of taste has taken place. The only probable cause of the affection was exposure to damp and cold. The patient was somewhat of a nervous subject, but exempt from any diathesis. The interest of the case especially resides in the fact that zona may affect several branches of a nervous trunk to the exclusion of others.

Arsenical Paralysis.—Dr. Jashcke (L'Abeille Médicale) claims that arsenical paralysis is of peripheral origin for the following reasons: 1. Its localization in the path of a single nerve, the median peroneal. 2. Because hyper-æsthesia and anæsthesia are confined to the same location. 3. The absence of any special spinal symptom. 4. The absence of atrophy, in spite of tbe long duration of the disease, excluding anterior poliomyelitis. Atropy is much less marked in cases of peripheral lesion than when the disease is of spinal origin. 5. Although paralysis is strongly marked, recovery occurs, rendering the cases analogous to instances of peripheral facial paralysis. 6. The electric reaction corresponds to that of the peripheral palsies. 7. The existence of pain on pressure in the affected muscles. These reasons are by no means conclusive, since functional or biochemial lesions of the central nervous system might present any one or all of the peculiarities mentioned.

The Normal Position of the Uterus was discussed by Bande, of Vienna. (Amer. Jour. Obstet. February, 1884). He was convinced that apparent anteversion and antiflexion are the most frequent, and that in a large number of multipara the uterus, when the bladder is empty, lies in antiflexion; but he drew his conclusions from the examina-

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tion of women in dispensary practice, such as were suffering trivial or some morbid condition of their genitals; but he soon found outside of such cases multipara whose wombs has not antiflexed even under the condition of an empty bladder; that the uterus remained straight, that is in the position represented by Sims as normal, or what Lange terms the median position.

The British Medical Association. — Meeting at Belfast. The fifty second Annual Meeting of the Association will be held on July 29, 30, 31 and August 1, 1884, at Belfast, under the presidency of James Cuming, M. A., M. D., F. R. Q. C. P. I, Professor of Medicine, Queen's College, Belfast.

The address in medicine will be delivered by Sir Andrew Clarke, Bart., M. D., F. R. C. P., Physician and Lecturer on Clinical Medicine, London Hospital, Dublin.

The address in Historical Medicine will be delivered by G. H. Kidd, M. D., F. R. C. S. I., Master of the Coombe Lying-in Hospital, Dublin.

The Address in Physiology will be delivered by Peter Redfern, M. D., F. R. C. S. E., Professor of Anatomy and Physiology, Queen's College, Belfast.

Visitors coming from America to attend this meeting, can travel by any of the followlowing routes:

1. A "Cunard" Steamer will leave
   (*a*) New York, Wednesday, July 16.
   (*b*) Boston, Sat, July 19.
2. A "White Star" will leave New York, Saturday, July 12.
3. An "Inman" Steamer will leave New York, Tuesday, July 19.
4. An "Allan" Steamer will leave Quebec on Saturday, July 19.
5. An "Anchor" Steamer will leave New York, Saturday, July 19.

Ovulation in one Ovary at a Time, is the tendency (John Stockton Hough, M. D. Am. Jour. Obstet., February, 1884), in healthy females living in a state of nature, and the next succeeeding ovulation occurs in the ovary of the opposite side, alternately right and left, and that the ovary of one side (probably the right) usually produces ovules better suited, or in a condition more likely, when fecundated, to produce females. Hough also contends that the change in the relative rapidity of development begins in the fetus at the time of quickening, and that the female fetus consumes a fortnight less time in developing from the moment of quickening to the birth than does the male.

Meeting of the International Medical Congress at Copenhagen.—The time of the British Medical Association, at Belfast, has been fixed so as not to interfere with the International Medical Congress; which is to begin at Copenhagen on August 10, 1884.

A Steamer will leave Hull (England) on August 2 and 9, for Copenhagen; and on August 5, a steamer will leave Leith (Scotland) for Copenhagen. Both these places (Hull and Leith) can be reached on any day by leaving Belfast on the previous evening by the Cross Channel Steamers. Visitors, after attending the meeting of the British Medical Association in Belfast, will have ample time to travel to Copenhagen for the Congress.

Communications in reference to the meeting of the British Med. Ass'n., at Belfast, to be addressed to the Hon. Local Secretaries, John Moore, M. D., Alex. Dempsey, M. D., John W. Byers, M. A., M. D.

Dental Caries on being examined by Dr. W. D. Muller, exhibited the presence of lactic acid. He thus describes, (Independent Practitioner), his process:

"I have been able with some degree of certainty to establish the presence of lactic acid in carious dentine, by a method theoretically so simple that it seems strange it has never been made use of before, but which, however, in practice is only carried out with great difficulty. My first and second attempts were only partially successful; the third succeeded sufficiently well to justify its description here.

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In this experiment I made use of fifteen teeth, all containing considerable quantities of carious dentine, and all extracted on the day of use. The remains of food were first removed from the cavities, but none of the softened dentine; then all the softened dentine was taken out and placed in a porcelain vessel, cut or picked into fine pieces, placed in a test-tube with one c. c. of water, and two drops of a ten per cent. solution of hydrochloric acid added. Any free lactic acid in the carious dentine would remain free, and any existing in combination with lime would be set free by the hydrochloric acid. It was then gently shaken with about twenty-five c. c. sulphuric ether, and the latter, holding the lactic acid in solution was, after some minutes, poured off into a second test-tube; here it must be allowed to stand from twenty-four to forty-eight hours, till it becomes perfectly clear. It was then filtered into a porcelain dish, evaporated, a few drops of distilled water and a small quantity of freshly prepared zinc oxide added, gently boiled (water being added as necessary) for ten minutes, the three or four drops of liquid remaining filtered on to a glass slide, and allowed to crystalize." The comparison of these crystals with a specially prepared lactate of zinc, is supposed to be sufficient proof that the acid existed in the teeth and that it was lactic acid.

"Ophthalmists.—One has to go abroad to get news. The Med. Times and Gazette, London, says in an editorial: "The Ophthalmologists; or as our American cousins would say, the Ophthalmists." We are tempted to believe that this is merely a ruse on the part of the editor to introduce a contraction, which in fact, we think would be desirable. It expresses the idea as well, and the derivation of the word should cut little or no figure in comparison with the loss of time, in the present case, amounting to fully one-third, spent in writing, printing, speaking and hearing such words. If we did not feel that the long word already in use, had taken too deep root in the medical mind, we should hail its so called American substitute as a positive, valuable contribution to medical literature. Our fathers in all departments of literature have exercised their privileges in this respect and why should we resign the privilege? Philologists tell us that the old sign of a tavern in England "Goat and compasses" was formerly "God encompasseth us." But the only signification which the way-farer applied to such a combination of words and the context—a tavern, could just as well be expressed by the shorter form, "Goat and compasses," and "Goat and compasses" whipped the other expression out of the field. Topsy-turvey is another such contraction from "top side the other way." It is useless, however, to repeat instances; the practical question is why should we, simply because literature is more generally diffused, cease to utilize the general principle of contraction evolved. For all practical purposes, ophthalmist would just as well express the idea intended as ophthalmologist, and effect a relative saving of time of considerable importance.

The Percuteur is an interesting instrument which has been presented to the profession for approval, investigation, or modification, by J. Mortimer Granville, M. D., of London. The doctor has written a book of some hundred and thirty pages, in which such particulars as he deems advisable to publish at present are fully detailed. The whole of the book is characterized by that conservatism peculiar to the English people. He has been studying and applying the principle involved for several years and his confidence in its utility seems to be increased with a more intimate acquaintance with its application. As our readers will anticipate from the name given the instrument, the object sought to be accomplished is to produce a series of rapid impressions on a selected spot; and they will perhaps immediately associate it with the mechanical hammer which has been used extensively for awaking the activity of muscular tissue in particular. We wish to state, however, that the two instruments should in no way be confounded as their, uses are quite different.

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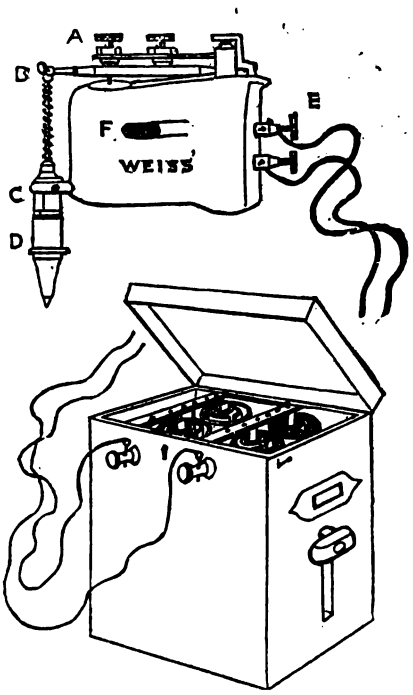
One of these instruments, together with its associated battery, (imported by E. H. Sargent & Co.,) has recently been obtained by a practicing physician in Chicago, and to him are we indebted for the use of the accompanying cut which illustrates it. It is scarcely necessary to describe the instrument in detail, but it must be distinctly understood that the battery does nothing more than supply a motive power to effect the vibration



The above figure will give a better idea of the instrument than any number of words can do. It embraces both the battery and the percuteur proper. All that is necessary to say further is that E in the figure shows the connection with the battery. A. regulates the length of the vibration, and B. C., and D., are appliances which only a study of the instrument itself will render perfectly clear ; pressure on F. sets the percuteur at work. Various other vibrators for its application, accompany the instrument besides the one seen in situ.

Dr. Mortimer Granville began his observations using clock work, instead of electricity, but for office work he prefers electricity, and uses the clock work only at the patient's house.

Before attempting to give an idea of the particular sphere in which the doctor concludes from his experience the instrument will be useful, it is due to him to state that he does not propose it in those simple cases which yield to the usual remedies either topical or constitutional, already well understood. Its sphere, however, belongs to that class of chronic cases which are the despair of physicians, such as locomotor ataxia, some cases of chorea, the relief of cerebral and cerebro-spinal irritation and distress, and to elicit energy from torpid centres ; and he claims that in no case should nerve stretching be resorted to without having previously given vibration in some form an intelligent application. His theory is that the mind is the nervous organism in function ; that the function of nerve structure is exhibited by vibration and that pain is one form of disturbance of that vibration, and that the diminution of pain by the percuteur is effected by a restoration of that equilibrium, by establishing either a synchronous or a harmonious vibration of the distubimg element.

His explanation of the rationale of benefit in locomotor ataxia can better be given in his own words; "The hypothesis of dissolution, by Herbert Spencer and applied by Hughling Jackson to the elucidation of morbid phenomena, receives pointed illustration in the pathognomic symptom, so-called, of locomotor ataxia. The patient cannot preserve his equilibrium, but begins to reel when his eyes are closed, being unable to stand, or walk, without the assistance of the sense of sight ? Why is this ? I reply because the automatic function of balancing the body and maintaining the erect posture, has been learnt—as all functions which are performed by the co-ordination of muscular movement must be learned before they can be relegated to the domain of sub-consciousness, and become automatic —by sight ; and the ataxic subject is reduced by dissolution to the positon of a child just learning to stand and walk. He has lost the nervous bases of the organized movements

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which are essential to the performance of these muscular acts automatically. The records are either isolated from the current of energy; or obliterated so far as the active vitality of the cells or molecules composing them is concerned, although the germinal points of the latter are not, perhaps, destroyed, and recovery is possible; or those elements of the brain, or cord on which the lessons have been impressed are atrophied, and the records are finally effaced.

The infant fixes its gaze steadily on some object when it first tries to stand, and it is by the aid of sight it at length succeeds in balancing the weight its lower limbs have to carry and its vertebral column has to hold upright. The process by which the child learns first to stand and then to walk is identical with that by which the tight-rope walker learns to perform his feats of equipoise. In both cases the gaze is centered on a fixed object, and the muscular sense trained to control the movements of the body so that the direction of the line of sight may not be disturbed. When the child has once acquired the power of standing, the so called 'muscular sense' is able to balance the body without the aid of sight, and under normal conditions, it is as easy to stand or, so far as muscular action is concerned, to walk with the eyes closed as open. When, however, disease of a paralytic type assails the organism, the most recently acquired faculty is the first to be lost. This rule of denudation from the surface downwards governs, as we know, the demoralization of character in brain disease and the disorganization of function throughout the system. In the particular manifestation of disease called loco-motor ataxia, the power of balancing the body by the muscular sense is lost, and the subject unconsciously falls back on the method of performing the act of standing which he adopted when first learning the process."

In the early stage of the disease he claims that it is probable that the nerve centers regulating this balancing power of the body may be stimulated to normal activity and incited to restorative energy. In his efforts to bring about this re-establishment of control he prefers to operate on the centers by means of their different nerves, rather than over the seat of the centers themselves. Later on, however, when a certain amount of irritability which he finds to be always present has given way to a sense of tiredness and heaviness in the limbs, he says it may be advantageous to use the instrument directly over the spines of the vertebræ.

Several eminent men in London, and Drs. Oscar Jennings and Boudet de Pâris, both of Paris, testify to the general utility of the device, the latter of whom has given us personally instances of its remarkable efficacy. We have no doubt that it will become an instrument of frequent use in the hands of the neurologist and even of the general practitioner, especially if some ingenious mechanic can furnish us the means of obtaining the same movement without the troublesome battery and its associated expensive appliance to effect the vibrations.

Hydrophobia Specifcis.—Pilocarpine and garlic have been advanced respectively by the scientific and empiric sections, if such a division may for convenience be allowed, of the fraternity, for the cure of rabies. M. Gibier, in putting both to the test of experiment on cats and rats, has concluded that when the rabies is produced by inoculation neither of them is of any avail. The animals which had been inoculated and subject to pilocarpine injections died in the same time and exhibited the same symptoms as those which had been let alone. A similar observation was made when the animals inoculated were fed with large doses of garlic.

Hydrastis Canadensis in Gynecology is the subject of a paper by Dr. Schultz, of Rostock, read before the German Gynecological Society. He used the fluid extract in about fifty cases of menstrual disturbances. Favorable results were obtained mainly in metorrhagias. He succeeded with it where ergot has failed completely. Investigations made, according to Hegar, regarding menstruation,

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show that there is a material reduction of blood pressure with or immediately before menstruation. During the menses it remains almost always below the mean. Hegar does not attribute the cause of the lowering of the blood pressure to the loss of blood.

A Case of Pemphigus Acutus is reported by Riehl, (Wein. Med. Wochschft, No. 51, 1883). He gives the details of the case to show that Hebra is mistaken when he denies the existence of such a disease.

CONTRIBUTIONS.

GYNECOLOGY VERSUS CROAKERS.

BY R. V. SCHENCK, M. D.

Gynecology is a doctrine concerning women:—it is the study of the diseases peculiar to women.

Croakers are grumblers:—those who unreasonably complain.

A paper on gynecology lately published in one of the medical journals, having been read before a large medical association, has probably reached the eyes of many of you; it is not to this, but to a class of such articles that occasionally come from the press that I desire to call your attention. I acknowledge thus early that I fail to appreciate the exact tenor of these papers. I am able now, if able at all, to arrive at a conclusion only by exclusion. They cannot be theses upon gynecology; for the subject is not limited to the use of pessaries and the surgical procedure in uterine cervical sections. They cannot be scientific accounts of the heraldry—if I may use the term; they do not give a pointing to its vast literature—a literature which comes to us with a freshness that will not disagree even with a literary dyspeptic; a literature, nevertheless, abundant; for the growth of the branch has been so rapid that it requires many workers in the field for its gleaning. They are not for the advancement of the science; for no truths are enunciated nor new facts pointed out—no thorough nor lax investigation into the pathological anatomy of the genital organs—nothing to strengthen the base of scientific gynecology—nothing from which we may learn to estimate symptoms which may be now uninterpreted. Are they for the purpose of ridicule? This, one would think, would not be before a scientific audience and from members of learned societies. The abuse of gynecology has passed its day: the expressions—the verbiage by which it comes—have the mark of old coinage of a base metal. Whatever there may have been of life in it has now the taint of decay. If they are to ridicule, what is the point of attack? Is it the appliances which the gynecologist uses? Modern medical education is known for its accuracy; the implements are no longer rude, and the appliances for observation are minute and extended. In an age of extended study and investigation—in an age of an enlarged sphere of thought and literature conversant with objects and productive of associations which never entered into the experience of our forefathers—in an age when thought presses hard upon thought—in an age when the wisdom of the wise is progressive—grant that what is past is a part of what is going on, and that genius is often obsequious to its predecessors, yet it must be granted that the ancient manner of practicing our profession must of necessity in many cases prove inadequate, and new ideas and realities must start out of new conceptions, This is the age of invention:—bricks are made without straw. It is an age of surgical appliances and apparatuses: — Yankee ingenuity is abroad in the land. The stethoscope has enabled us to hear the most minute abnormal sound in the chest cavities; the ophthalmoscope has illuminated the innermost recesses of the eye; the microscope has sharpened our vision so that we can see disease in its most minute form; the sphygmograph shows us the pulse trace and gives the first alarm of Bright's disease in the increase of blood-tension; the laryngoscope has made plain the disorders of the larynx; the aural speculum has through our science unstopped the ears of the deaf. Sim's speculum, that vignette which represents the spirit of invention, has lighted up the way for the investigation of the diseases of the womb; has changed the teaching from the ideal to the real. That the use of this instrument is immodest, is false. The spirit of our calling, that spirit which takes complete possession of the true physician, is on a higher plane than carnal. The days when physicians feared to use the speculum, when they contended that organs so important for the furtherance of the great aims of Creation could not be so diseased as to render personal examination necessary—those days have passed. Now such an one would be a Rip Van Winkle in the profession, like the quiet dweller in the essayist's inland city, who—while around him bat-

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tles have been fought, kings have died, history has been made—been all unheeding, and untouched, has watched apples redden, wheat ripen; has smoked his pipe and quaffed his mug of beer, rejoiced over his new-born children, and with proper solemnity carried his dead to the church yard; the hands on the dial of the church seem always pointing to one hour. Time with him has fallen asleep in the afternoon sunshine. The true physician will not forego an examination which will show a removable cause of disease, will not perpetuate an outrage on a deceived people by drugging them ad nauseum; by allowing his patient, with broken health, shattered nerves, quenched spirits, to drag out a weary, joyless and hopeless existence. Last, but not least, let us notice the pessary—an instrument which has become almost universal in its use; so much so, that peculiar forms of it have assumed national reputations. There is no picture that comes to my mind oftener than that of Dr. Hodge, sitting alone in the old Faculty room on Ninth and Chestnut Streets in Philadelphia, and from the fire-iron frame working out the design of a pessary which will render his name immortal. Grant that in the use of pessaries since June, 1845, over one hundred and fifty men have sought enduring fame by devising some new form of this instrument, yet nearly all have submitted them to the bar of the medical world and submitted to its just judgment, and every improvement, even though trivial, has its motive and supplies some want. No one can oppose the proper use of pessaries in reducing dislocations, in keeping them reduced, as well as to tend to cure the effects of these dislocations. A pessary is a truss, and it is not necessary to condemn all trusses; neither should all pessaries be condemned. It is useless to mention the numerous other appliances; the above will illustrate the point.

Is it surgical gynecology which is opposed? Surgery in its advance now stops at no part of the body. The stomach is in part removed for malignant disease, the pleural cavity and the lung cavities are assaulted, the brain is invaded, the gall bladder is trenched upon and pelvis of the kidney opened, nerves are cut down upon and stretched—the knife of the surgeon by its success has made conquest of every organ, and nowhere has it shone more brilliantly than in the field of Gynecology. The lesions of parturition are relieved, morbid growths are removed as barnacles are scraped off from a ship; and if the womb itself be the offender, it too is taken from its moorings and modern ovariotomy—while the patient is under the calm sleep of ether or chloroform—rescues her from hopeless suffering and certain death. Now those neurosal ills which have held poor woman in their grasp and would not let her go, have been compelled to flee before the point of the knife in the hands of Battey or Hegar, and those sad victims of fibroid growths with death-threatening bleeding, where hemorrhage streams run out life's current, and nature will not give up her pound of flesh even at the loss of gallons of blood—here comes in again the ingenuity of the surgeon and removes the uterine appendages. The advance of surgery in no way curtails the advance of medicine. The discovery of the steam engine as a motor power did not reduce, but advanced, the value of horse power. All of our studies aid and improve practical medicine. Surgery and Medicine are the two oars of our life-saving boat: he is wise who knows when to seize the one and when to pull the other. Surgery is complete as it restores lost function, as it reduces dislocations and readjusts broken fragments; as it assists nature in her efforts to repair her injuries and to replace in their proper order the broken walls. There has always been a fear of the bloody operations of the womb. Bard opposed cutting the os uteri in rigidity, and said that when Smellie snipped the edge of the orifice with a pair of scissors or cut it with a knife, the event was generally—or, as he believed, always,—fatal; but we now know that uterine tissue, in common with all involuntary fibre, is healed more readily than any other tissue. We know that under the hands of Schroeder and Martin patients rarely die from hysterotomy, and that they remove a womb with the loss of less than an ounce of blood. The most striking advance in the branch during the last half-century has been in surgical operations. Pelvic surgery, before surgical gynecology, suffered neglect and often met with derision. The dilatation of the cervical canal by tents, the incising of it when necessary, the removal of ovarian cysts—the closure of vesico-vaginal fistula, the introduction of metalic sutures—the repair of the lesions of parturition; the removal of the womb—the procedure for the restoration of the womb in prolapse: the removal of the uterine appendages: are all the gifts to us of the surgery of this branch.

Are they against Specialisms in our profession? Labor is too extensive not to require division, and the special occupation which a man follows so identifies itself that it forms, as it were, a part of him. Success in life is but the result of one's calling and the adaption to it. A man never thoroughly throws himself heart and soul into any special work

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without it becoming in a certain measure part of himself and himself of it. The traveler on the road will get the dust of the journey, the hand of the blacksmith will become hard and soiled, men will be known by their occupations. Hence we have the tin-man, the paper-man, the glass-man, and the leather-man. The hauler of goods from the whole-sale store becomes "the dray-man" just as truly as the owner of said establishment is a hardware or dry goods man. Professional centers, like commercial centers, demand specialties; the location in the centers has much to do in fixing the class of business followed. In Law, take for instance such a city as New York. The lawyers on Pine, Wall or South Broadway are commercial lawyers; on Nassau St. and Upper Broadway are the real estate lawyers, while in Center St. and Chambers St. we find the criminal and patent lawyers. In the ministry, we find at the center of learning the doctrinal preacher, while in the more prominent churches we have the popular preachers. So it is in our profession: the location often fixes the class of diseases to be treated and the specialty adopted. It is the old rule of demand and supply. Specialism is but the indicator of the growth of business or science, which constantly advances like nature in her developemeut; first the seed, then the ear; after that the full corn in the ear. The fields of Study are extending and becoming so numerous that they send special laborers; our battle line against disease has become so lengthened out, that special batteries have to be located; special corpse commanders stationed. The division of labor in our profession was adopted by the Egyptians, and as far back as the School of Solomon the respective teachers were classified. Old Dr. Smellie placed over his door with that famous red lantern, the sign "Midwifery taught here for ten shillings." It is the constant working at one thing that makes perfection. We are told by Carpenter that in India the members of the Fan Caste stand sound asleep fanning; that proficiency in labor becomes hereditary. It is from such classification we receive our India shawls. We cannot excel in every branch of medicine, but we each may do some one thing pre-eminently well, and working in one line without one-sided bigotry or routinism; which is one of the sources of the Nile of our professional ignorance; medicine can be the more advanced, and both the community and the profession reap the benefit. As the constant dropping of water on one point will wear away stone; as the electrician gains intensity by adding cell to cell; so does advantage result from the direction into a given channel of numbers of intellects. Specialties are but lenses which bend the intellectual rays of professional tuought to a focus, and because these rays are focussed, they are no less professional. Specialties are but respective links in our professional cbain, and it is to the interest of all that each link be perfect in its part, as a chain is never stronger than its weakest link. One part of our profession must be united to the other; the lowest must be knit to the highest; a community of studies forms a community of skill, and we have nothing more beautiful than this amity of mind.

Are they against specialism as represented in gynecology ? A gynecologist must be an all-around physician, because the sexual organs cannot long have a derangement without entailing constitutional disorder, or injuriously affecting other organs ; but yet, the sexual organs are so separate in their functions, so independent in their action, that the ancients supposed them to possess a separate and peculiar life. Areteus compared them to an animal confined within another animal. In this, as in other specialties, it is necessary to be first a physician and then a gynecologist; and gynecology yields in nothing to other specialties. The laborers in this field have worked like beavers, and no special branch has ever received such an impetus. It has added during the last ten years by one operation alone fifty thousand years to the life of woman, it has battled against idle beliefs and painful delusions. Before it came into power, the sexual system was a terra incognita, ruled over and regulated by some power which each writer in his imagination or superstition might call into being ; for authors are creators as creatures of an opinion. Those were the days of simplicity and pious frauds; when the blazing stars, phantom ships, dreams, and moon were powerful etiological factors; when diseases of the sexual system were treated by bleeding, vomiting, blistering, purging and anodynes; and, as described by Dr. Douglass, if the illness continued, the treatment then was repetendi and finally muderandi. Those were the days when, as Bacon said, Medicine had been more professed than labored, and yet more labored than advanced. Those were the days when Dr. Holbrook thanked God that he had kept a woman alive three months by tapping an ovarian tumor, and Dr. Mann so highly extolled cantharides in menorrhogia that the bladder was affected by it, and the uterus by its propinquity. Those were the days when they thought that in uterine displacement all was due to relaxation of the system. Medical

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history tells us that Secanus censured Eurypion because he endeavored to cure prolapsus by suspending his patient for twenty four hours by the feet. Those were the days when mice and lizards were allowed to crawl over a prolapsed womb in hope of frightening it to its place. Those were the days when Larrey considered the suspensary ligament at fault; cupped the loins and applied the moxa to each cupped spot. Those were the days of the bitter controversy between Burns and Hamilton. Those were the days when uterine ills were included under the general term of ill-health, when spinal irritation, uterine inflammation,ulceration, anemia, irritable uterus and general debility were but terms in many cases expressive of profound ignorance. The pathological anatomy of the genital organs has taught us to estimate symptoms which have been heretofore uninterpreted, and we learn from it that we must assist woman in her functions and minister to her in her diseases. There is no specialty where the senses need a higher cultivation. Sight in our investigation confirms the opinion formed from touch. "The faculty of observation,"—said Gooch. who believed a woman's abdomen before he did her tongue—"requires rather to be guided than sharpened." The brain needs special tuition by observation combined with the study of the literature; for Dryden has well said, that books are spectacles with which to read nature; and nature is the only standard by which medical doctrines are to be tested, and perfection is in proportion to our knowledge of natural laws. Modern gynecology deals only with the real. With such facts, he who to-day opposes this special branch is of no value to himself and none to the world, unless it desire him in its museum of medical fossils.

Are they attacking the leaders in gynecology? This division of our profession is so late in its origin that many of the originators are among our leaders. Great men, with the exception of the objectors, are of all generations except the present. Nothing in their opinion is authentic, except what has assumed the form of history. The past to them seems better, things present worse. Such opponents as these retain dead men's ideas just as the atmosphere retains the light and heat of the set sun. Such men are in our profession not lights; they are twilights. Every advance must have its leader,on the sea of life all the crew are not fitted to steer. Every cause depends upon its merits and advocates. Great men form an epoch; the mass of mankind are but reflectors. Philosophy has felt the influence of Bacon, who was the servant and interpreter of nature—the interpreter of man to man; the empirical school of philosophy has drawn its inspiration from him. Luther with an intrepid spirit, with a pledge of his life, threw thunder and lightning into theology, renewing the face of Europe and giving enduring life to Saxon nations. Newton, keeping the subject constantly before him and waiting until the first dawning opened, slowly—little by little—then, through his discoveries, shed a full and clear light upon science. Napoleon, with an unsurpassed military ability, with indomitable self-reliance, unsleeping energy, lofty and commanding intellect, has made an impress upon politics such as never was done before, nor since. Gynecology is proud of Recamier of France, Simpson of Great Britain, Simon of Germany and Sims of this country. A perfect system may be compared to a house, the different stories of which have been erected by different architects, and illustrious men have a large claim upon our gratitude, for having by their great and excessive labors advanced the building to its present height. We find to-day such men as Hornitz, of Copenhagen; Rokitansky, Jr., of Vienna; Brusky, of Prague, Schroeder, of Erlangen; Couty, of France; Hegar, of Freiberg; Martin, of Berlin; Wiltshire, Edis, and Wills, of London; Jait, of Birmingham, and Kitte, of Scotland.

[To be Continued.]

CIRRHOSIS OF THE PANCREAS—PREGNANCY—EMACIATION—DEATH.

BY CHAS. WARRINGTON EARLE, M. D., CHICAGO, ILL.

Several months ago, I reported to the Chicago Medical Society, two cases of cirrhosis of the pancreas and before I have been able to find time to rewrite the article for publication, another case is presented to me, the notes of which are kindly presented by Dr. Joseph Haven.

"Was first called to see Mrs. R., on November 18, 1883, to relieve, if possible, the nausea and vomiting of pregnancy. She is American by birth, of nervous temperament, aged 36 years, and has been married 13 years.

She has had two children, both of whom are living, and eight years ago, one miscarriage, which was followed by some uterine disease. Aside from this she has always enjoyed comparatively good health. Up to three months ago menstruation ceased and

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shortly after nausea and vomiting followed, for which she seeks relief.

She states that six weeks ago her appetite began to fail, and she has gradually lost flesh from that time, but aside from nausea, she has experienced no pain or inconvenience of any kind; and inasmuch as she has always become very much reduced during previous pregnancies, she has paid but little attention to this symptom.

I found the patient anæmic, much reduced in flesh, muscles flabby and a general lack of vitality. Temperature normal, and physical examination elicits nothing aside from what would be caused by anæmia. The bowels are constipated.

I prescribed antacids, a laxative at bedtime, and a general course of tonics and stimulants, including: Iron, hypophosphites, cod liver oil, koumiss and sherry wine.

November 23.—Her husband called as directed and reported that his wife's condition was much improved, the nausea is relieved and the appetite is improving. She is ordered to continue the tonics and stimulants, and he is requested to report any change that should occur.

December 13.—Was called in the night and found patient in critical condition; extremely emaciated, respirations slow and labored, radial pulse scarcely perceptible, extremities cold, breath very offensive, articulation difficult due in part to a coexisting aphthæ, heavily coated tongue, sordes on the the teeth. Husband states that she has been failing several days.

December 15.—Slight improvement. Has revived somewhat under the use of stimulants.

Dec. 15.—Dr. Earle called in consultation. Find no symptoms, other than that of anæmia and prostration, and suggests the possibility of obscure internal complication, such as disease of the pancreas.

December 16.—Nourishment and stimulant by stomach and bowel give only temporary improvement.

December 17.—Died.

December 18.—Post mortem. Uterus enlarged to the extent of three months pregnancy. All the other organs apparently normal, with the exception of the pancreas, which is hard and contracted, a portion of which is removed for microscopical examination.

In the history of this case from beginning to end, there has been a lack of symptoms other than a general failing of the powers of life. There has been no pain or other symptoms, to locate the trouble in any particular organ. An analysis of urine failed to establish renal complications. It is to be regretted that the character of the fecal dejections could not be ascertained as to the presence of fat. There is no family history of scirrhus, constitutional or wasting disease.

That diseases of this organ are rare, probably no one will deny, and although it is possible that affections of the pancreas may occur somewhat more frequently than we now suppose, their diagnosis must, for obvious reasons, always be difficult.

Barthalow says, that so little is definitely known of diseases of the pancreas that many systematic works omit the subject entirely.

Aitkin, in his large work, does not speak of disease of this organ.

Hartshorne, editing Watson, devotes about fifteen lines to the consideration of the subject.

Flint and Wood have short articles, and I have looked through scores of bound volumes of journals without finding an allusion to diseases of the pancreas. For anything like a comprehensive description of diseases of this organ, we are obliged to go to Ziemssen.

I cannot find a single case in all the books to which I have had access, where exhaustion from the anæmia of pregnancy has been associated with disease of the pancreas.

The author of the article on "Diseases of the Pancreas" in Ziemssen's Cyclopædia makes this remark: "Pregnancy is believed by some others to predispose to this (pancreas) disease."

The occurrence of three cases of the diseases of this organ in the practice of one individual in less than three years, all of them being demonstrated by microscopical examination, seems somewhat surprising.

I have come to believe that we have not, up to this time, paid as much attention to disease of this organ as we should.

I believe that a considerable number of cases, that we suppose to be due to pernicious anæmia, leucocythæmia, etc., may be due to chronic disease of the pancreas.

I shall place these cases on record, as much to elicit inquiry and observation from other members of the profession, as for any other one thing.

We frequently see cases in practice, where there is very great emaciation, white color to all of the integument, showing want of blood corpuscles, and I have come to think that these changes may be due, at least in some cases, to disease of the pancreas. The functions of the pancreas, as now given by the latest authors of physiology are as follows:

1. The pancreas digests and assists in the conversion of starch into sugar.

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2. It assists in the digestion of albuminoid compounds. The organ is, as will be remembered, sometimes called the "abdominal salivary gland" and reasoning from analogy is it not possible that it may be disturbed somewhat as the salivary glands are disturbed ?

The diagnosis will be difficult if not impossible.

The principle symptoms are: Emaciation —the flow of saliva-looking fluid from the mouth and the vomiting of fatty matter with the passage of fatty material from the bowel. During the course of three cases, I have looked up the literature very closely and I must say, that even now I do not think I would be able to diagnosticate a case.

The microscopical changes are described and kindly furnished by Prof. Marie J. Mergler: "On microscopical examination the entire organ is found more or less altered. In some portions, the connective tissue between the acnia is increased, and many of the gland cells have undergone fatty degeneration, in others the broad bands of connective tissue encroach considerably upon the glands and in place of their large polyhedral cells are found small, irregular shrivelled bodies, evidently atrophied gland cells; and still other sections do not even present a trace of gland structure; they consist entirely of connective tissue."

CHLORAL HYDRAT IN PERTUSSIS.

BY H. F. HENDRIX, M. D.

In conversation with a medical friend in 1876, he related a case of whooping-cough in a child two years old, for which he had prescribed chloral hydrat; and after the patient had left the office he discovered, upon reflection, that he had ordered a much larger dose than he had intended. Not having the patient's address, he could not rectify the mistake ; his anxiety was, however, relieved in about a week, by the mother presenting herself to thank him for his efficient treatment. She stated that one dose had cured it.

Not long after I had a similar experience. The case was a child six months old, and so severe were the paroxysms that I considered it hopeless. The mother, however, insisted that I should order something, and I prescribed hydrate of chloral, directing her to give what would represent 2-grain doses. I did not hear from the case for three weeks, when I casually met the mother, who informed me that the child was quite well, that it did not cough twice after the first dose had been taken. On inquiry, I found that she had given about four times the quantity directed. Instead of the fourth, she had given a teaspoonful, about eight grains, with the result as stated.

Eight years have since passed, during which time I have used chloral hydrat in pertussis, to the exclusion of all other remedies, invariably with benefit to my patients. I am thoroughly convinced of its superior merit in the treatment of pertussis, and believe, further, that the great majority of cases might be cured at almost any stage of the disease, if we only knew the maximum dose which could be borne by the patient without danger to life, and give it at once.

2210 Carr St., St. Louis, Mo.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

Stated meeting; February 23, 1884.

Dr. Schenck read a paper on "Gynæcology vs. Croakers." (See paper).

Dr. Hughes.—I have had occasion several times during my professional life to make strictures on certain gynæcological procedures, but have never made any strictures upon gynæcology as a science, and as an art; nor have I ever characterized gynæcologists, as a class as unworthy an honored place in a special department of our profession. I say this much that I may not be misunderstood. I yield to no man in veneration for certain honored names in gynæcology. Men like Sims, McDowell and Goodell, in this country, are, in my estimation, worthy of a place beside any others in medicine. Yet I am not unmindful of the fact, that gynæcologists have made errors just as neurologists have made, and are making them, especially in regard to nerve streching. There was a time in the history of gynæcology, when the eyes of the profession were upon it with solicitude, and distrust; for example, at the time when Baker Brown was making his clitoridectomies without limit. It almost seemed that the avenging Nemesis had followed the fairer sex in order to visit upon her vengeance for the sin committed in the garden of Eden. That day has gone by in in the history of gynæcology; and men who would continue to charge gynæcology with the errors of the past are justly entitled, perhaps, in this late day to be considered as croakers; but there are certain gnyæcological procedures not advocated by gynæcologists as a whole, concerning the propriety of which there may justly exist a rightly founded, pathologically physiologically and justifiable

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difference of opinion. The misleading and too universal idea of uterine reflex irritation properly enough entertained in the mind of the discriminating physician whether he be a gynæcologist, neurologist, laryngologist, or general practitioner, (if there be anything left for the the general practitioner in these days of special labor,) have resulted in hasty judgment and infinite harm to the female sex; procedures which, regardless of the golden rule, have not been so frequently suggested for the opposite sex for similar disturbances. The connection of the genitalia with the sympathetic nervous system and the cerebro spinal axis has been made the basis for mistakes; not generally by the best of gynæcologists, but by men, who—seeking to imitate the teachings of the more cautious and the more prudent, but themselves more reckless; because they are without the wisdom which comes from a thorough knowledge of the woman's nervous and arterial systems, as well as of the uterus and its appendages—have rushed into the performance of operations which have tended to imperil confidence, unjustly I think, but nevertheless have tended to imperil the confidence which the general practitioner entertaines in regard to gynæcology as an aggregate science. Gynæcologists have become more cautious than formerly. It is not a long time since it was considered the proper thing to excise the ovaries in in every case of insanity which might be associated with ovarian disease; and yet the records of ovariotomy for this ailment have not fulfilled the expectations of the most enthusiastic gynæcologists. It is incontestible, if you look over the field of gynæcology, that a remarkable conservatism is begining to prevail in regard to the propriety of certain gynæcological procedures which were once undertaken with unjustifiable rashness. All affections involving the cerebro-spinal axis, and the various phenomena associated with hysteria, hysterical paralysis, hysterical insanity and hysterical or hystero-epilepsy, hysterical aphonia and the affections associated with that Protean disease, have been sought to be remedied by this procedure, and it is recorded in literature that ovaries have been removed when no disease has been found.

Dr. Margaret A. Cleeves, in charge of the female department of the State Lunatic Asylnm, has lately, with the candor which becomes a true physician seeking light rather than the vindication of a theory, and who abandons theory when it may save a life, recorded that she has failed to find what she thought had existed. She has discovered that so far as mental aberration is concerned, a woman may have diseased genitalia and be sane; that she may be insane and yet have sound genitalia. A woman may enter an insane asylum with diseased ovaries and a larcerated cervix and in the asylum recover of her insanity the uterine disturbance persisting; some times going out with the head cured and the cervix not healed. In Blackwell Island ovaritomy was performed upon a patient supposed to have insanity resulting from ovarian disease; she died, and it is recorded that her ovaries were sound. It is in the literature that epilepsy, in certain conditions of impressibility connected with the nervous system, has been induced from a chronic arthritis of the knee joint; and yet it is not on the record that any surgeon has advised the exsection of the knee for the purpose of removing or curing epilepsy in which irritation of the knee coexists or even precedes. It is in the literature that blindness has resulted from an individual keeping two mistresses; and that recovery followed a sea voyage on a whaling vessel, under the advice of his physician, leaving mistresses behind; and yet it is not in the literature that castration, or killing mistresses is the proper remedy for blindness of this character. There are two factors in connection with cerebral disturbances which should be taken into account in all these localized procedures; and gynæcologists, without large experience, commit errors in losing sight of the essential factors of morbid impressibility, inherent of the nervous system of certain persons, that make these reflex irritations possible. Just as in tetanus it is not every man who runs a rusty nail into his foot or produces a laceration there, who has tetanus; and it is not now regarded that amputation of the foot is a justifiable and rational procedure in cases of tetanus; yet our gynæcological friends have made this mistake too often, and it is well to call attention to the fact on an occasion like this. It is a fact that in days gone by the cervix uteri and the os uteri were considered to be a legitimate field for the scalpel on many more occasions than now is considered justifiable. It was said that no harm could come from cutting the cervix uteri; it was said that no irritation was likely to proceed; even so eminent a man as Dr.Sims could perform this operation upon oneof his patients and send her home in her carriage and still she recovered; the same operation imitated in this city resulted, as you all know, fatally. That was the epoch in gynæ cology of the harmlessness of cervical cuttings; then, reflex irritation was not the fashion as now. Undoubtedly, irritations pass from the uterus, up to the cerebrum, to the heart and

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the stomach and from the cerebrum downward. The mistake consists in looking upon the uterus as the chief source of morbid conditions above and beyond it, as the rule and not the exception. Once harmless causes are now considered the source of irritation and the advice is to sew up lacerations. Gynæcology as a science cannot be arraigned for it. It is a matter of individual judgment. Gynæcology is worthy of confidence, because she acknowledges and rectifies her errors.

Dr. Johnston.—The paper read by the gentleman demands our respectful consideration under two headings; one is: the eulogy of the gynæcologist—of the living and the recent dead. As a defense and eulogy of the specialty it certainly calls for our attention and respect, as it is certainly the finest eulogy on a specialty that I have ever heard; it commands my admiration; but the paper is misnamed, and I will suggest it should be entitled: A Eulogy on Special Gynæcology and Dead Gynæcologists. The other heading in the paper is "Croakers." I have been a somewhat attentive reader of gynæcology, but I have failed to find any of these croakers referred to. I do not know any gentleman who has been finding fault with true and scientific gynæcology. Some three weeks ago in this hall I tried to defend gynæcology, briefly presenting its progress through two thousand years with citations of the practices of Aetius, Galen, Oribasius, Penrose, Simpson—Simpson comes in our day, especially in my day; and he is credited with introducing the anterior section; and inasmuch as he introduced that operation it certainly ought to attract the attention of every gentleman. It seems to have been founded upon common sense and the laws of reason. If the predicates were true, viz: that it is dysmenorrhœa depending upon mechanical obstruction, then the practice instituted by Sir James Y. Simpson, in 1848, was certainly the true practice; but those of us who have practiced for 20, 30 or 40 years know very well, that almost every week or every month we are called to treat young ladies, married ladies, mothers of children, who are suffering intensely from dysmenorrhœa. We know very well that these cases do not depend upon a mechanical obstruction; we know very well that the uterus is in its proper situation, and that the cutting recommended by Sir James Y. Simpson—the posterior section, or Barnes' lateral section, will not relieve the dysmenorrhœa. Tilt, perhaps, has written the best work we have on gynæcology; and he makes this statement, that the operation of Simpson of Edinburgh was transferred to New York; and that Dr. Sims in the last two years had slit up the cervix by posterior or anterior section, without regard to dysmenorrhœa or any other form of disease (assuming that the difficulty at the menstrual period depended upon displacement, retroflexion, ante-version, retroversion, etc.), a thousand times, and had lost only two cases. In Mundé's work, page 228, we are informed that over three thousand of these sections have been made by German and American gentlemen, and that only ten deaths occurred. Why! I am astonished at this number of deaths. None of us on cutting our finger are afraid we will die; and we know that this little canal, the cervix, an inch and a half or an inch and three quarters in length, has very few nerves. Now this operation ran riot in this town 28 years ago, performed by two gynæcologists—by the name of Pallen. If there was retroflexion, the section would be correct. In such cases you could make a section followed by the use of charpie. If you make incisions and cut a cicatrix away, do you leave the patient healthy or in a worse condition than she was? I assert here to-night that there is not a man in North America, and not a man in Europe, hardly, who performs this operation unless there is a mechanical obstruction. But what next? Sims abandoned it; but he had two students, Thomas, who has written a work, a very good work, too; following that comes a work of 800 pages by Emmet, the other student. Thomas writes a book of 200 pages advocating a V shaped incision of the cervix, and it is now found that every slight laceration, every erosion of the cervix, can only be cured by paring the edges and making that section. What does Dr. Goodell say? He operated 169 times, and met with the greatest successes and the greatest disappointments. A few of them became pregnant. He made this statement before the obstetrical society of Philadelphia on the 1st day of February, 1883. Many cases, he said, might have been cured without operation. What does Emmet say? He says that the irritation caused by the cicatrix after laceration of the cervix is so great that he recommends a V shaped section to be removed so as to get rid of it. He says if the laceration heals, the cicatrix will cause such irritation that your patient will not have any health. Now, gentlemen, I ask is anyone in this room prepared to believe, if the laceration occurs and heals, and the cicatrix causes such irritation as to require its excision, would not you leave a cicatrix just as large as the one you excised? It is not common sense to perform such operations. The southern part of the United States is peculiar-

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ly prolific in gynæcology—what I would term exaggerated gynæcology. It will be remembered that Sir Astley Cooper was the first one who excised a portion of a nerve in neuralgia. He tried it frequently, and he found that it was a failure. It may be recollected to what a great extent nerve-stretching was introduced; the supra-orbital nerve has been exsected time and again. Jones, in his work on nervous diseases, says that neuralgia is not a local disease; and if neuralgia is a constitutional disease dependent upon the nerve centers, if it is some poison in the blood, if it is a constitutional disease, as I believe it is, and I always treat it as such, then, if you have neuralgia of the ovary and remove the organ, do you cure the disease? Most assuredly not. The last account that I saw was to the effect that Bilroth had operated from 15 to 30 times; the most of his cases recovered, but were far from being cured; and the doctrine of the spaying of women upon the principle that the trouble was neuralgia of the ovary is a localizing doctrine and a neglect of constitutional disease.

Dr. Hughes.—Danillo, I think, has made the most rational investigation of this whole subject, and arrived at conclusions which neither neurologists nor gynæcologists of conservative opinions and cautious in their conclusions can object to. Danillo has gone over the statistics of operative procedure for mental aberration, aud has given the conclusions of different men, showing the peculiar mental bias with which they looked at the operation of ovariotomy and other uterine operations for mental troubles. A certain number of them report a large per cent of recoveries in their cases; a certain per cent of them report a small proportion of recoveries; and some recorded a large number of instances in which there was no ovarian disease. Now it must be remembered that in deciding upon the propriety of a great operative procedure for the relief of an organic nervous trouble, or if there be a dispute in regard to its being organic,—for example, hysterical affections—the graver forms of hysterical affections, like hysterical insanity, hysterio-epilepsy, etc., that there is a condition of irritability of the nervous system that pervades the uterus and its appendages as well as the heart, the stomach and other organs; and it is difficult to decide, and rather irrational to conclude, in the majority of these cases, that uterectomy is the remedy which will relieve the cerebral condition. A certain number of authorities, quoted by Danillo, concluded, from their observations carefully made, that the disturbances connected with the genitalia have their foundation in the central nervous conditions which gave rise to the mental aberration; and this is the view which is entertained by the majority of the superintendents of insane asylums in this country. Now it is not denied that there are cases suitable for the performance of uterectomy; it is not denied that there are cases of insanity grave and hopeless enough to justify the operation of uterectomy; it is not denied that there are circumstances under which uterectomy may and ought to be performed, and castration also; but those cases are the exception, they are not the rule; and the man who practices gynæcology so as to win the confidence of the profession must be a long headed man; a man cautious and discriminating in his judgment and correct in his conclusions; he must be an all-round man in his observations; he must see further than the eye can reach through the speculum.

Then in regard to the cures of mental diseases from operations upon the cervix. The mental disease frequently returns especially in hysteria and hysterical affections. It is well known how a profound impression made upon the central nervous system in the exercise of the therapy of hysteria, arouses the patient and suspends the phenomena which the physician encounters and regains for the patient the ascendency of the will over the hysterical movement—the hysterical spasmodic movement and hysterical mental action, and will perversion and paralysis. It is not strange that so grave an operation—in even the gravest forms of hysteria—as the excision of the cervix or ovary should so profoundly impress a patient, that such a form of mental aberration would be suspended for a time; and such has been the effect even of the operations that have been performed by Sims; if I am not mistaken, some of the cases which recovered have subsequently become again insane. This has also been the experience of other operators of large and long experience, and will be of every operator who will perform the operation of uterectomy for the relief of every case of mental aberration with which he can associate atrophied ovaries or an irritable ovary. But this, Mr. Chairman, means nothing against scientific gynæcology. I make these statements because in my own journal I have frequently criticised, not gynæcology as a science, but its practice by some of its operators; just as I condemn the injudicious use of one of the best instruments in the world—the hypodermic syringe, which has done as much harm as it has done good; and I think the speculum has done much harm by its improper and injudicious use. I hope the time is coming when to the

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honor and glory of our profession it will be an instrument of pure good to womankind and never ot harm.

CHICAGO MEDICAL SOCIETY,

CHICAGO, February 18, 1884.

The Chicago Medical Society held its regular semi-monthly meeting, Monday evening, February 18, in parlor 44, Grand Pacific Hotel, the president, Dr. D. W. Graham, presiding.

The Board of Censors reported favorably in Drs. Eggleston, Burrows, and Scott Helm, who were duly elected to membership.

The name of Dr. S. W. Wetmore was proposed for membership. After reading the minutes of the last meeting, Dr. Axford presented a short paper on: "A Case of Ventral Hernia, with Pathological specimen. (Paper will appear next week.)

DISCUSSION.

DR. R. TILLEY.—I should like to ask, Mr. Chairman, if the various members have used the rubber bandage much in efforts to reduce hernia; and if so, what has been their experience? The reason why I ask is, that I was at Geneva, about three years ago, and became acquainted with a gentleman there who had a femoral hernia to deal with. He had begun to make preparations for the operation, and becoming acquainted with me, asked if I would see the case with him. I consented, I had never seen the bandage used before, I had only read of it, I suggested it to him; the idea struck him favorably; he telegraphed for a rubber bandage, put it on, and inside of two hours the hernia was reduced.

DR. D. W. GRAHAM.—I had a case of hernia at one time, and applied the rubber bandage. My experience with it that time led me to the conclusion that I would never attempt it again. I think I did the patient damage by using it. I considered an operation necessary. The patient died of peritonitis, and in this case, I think the rubber bandage did absolute harm. The hernia had been strangulated sometime when I was called to it. A femoral hernia, over strangulated, or strangulated for any considerable length of time, always requires an operation.

DR. GRAHAM, in reply to a question as to results in his cases said: I have not had any extensive experience with cases of hernia, and yet I have had several. The result depends, a good deal, upon what has been done before you operate, and on the length of time strangulation has existed. This has been my experience. Several years ago, I saw a strangulated femoral hernia in a man; in fact, was called to operate upon him by the attending physician. We proposed an operation but the man and the whole family strenuously objected. Then we proposed that we etherize and attempt reduction, promising not to operate, if we could not succeed in reducing. The family were unaccustomed to seeing patients etherized, and the patient becoming exted after he began to inhale the ether, became very much excited. There were three or four robust Irish women in the house, and it was just as much as the doctors could do to protect their own heads; they abandoned the patient without etherizing and were glad to get out of the door. I opened the door and told them that the patient would certainly die in a very short time, if they did not send for some one to take his case in hand, and allow an operation to be made. I watched the health office reports for an announcement of his death, but never saw it. I was up near the patient's house sometime after that and dropped in to ask after my old friend. I found him in the garden digging potatoes. The result in this case is exceptional in strangulated hernia of that duration. I think in recent cases of this kind the rubber bandage might be of benefit.

Dr. Luke A. Harcourt then presented a report on: "Three Cases of Arrested Fœtal Development." (Paper will appear next week.)

DISCUSSION.

DR. J. G. KIERNAN.—During the year 1883 there were two extraordinary cases reported—at least the reporters claimed them to be extraordinary. In both cases a pig was born with a trunk. In one case, the reporter referred the trunk aforesaid to the fact, that when the sow was with pigs, an elephant had passed in the vicinity, given the sow a fright, and when the pig was born it appeared with a trunk. In the other case, no elephant passed in the vicinity, but the pig was born with a trunk all the same. In these two instances we can refer the malformation to a reversion of development, there being very great probability that the ancestor had a probosis; I will bring to the attention of the society, a case reported by Dr. Gray, of the English Zoological Society. He received from a gentleman three or four birds, having parrot's beaks and parrots' claws. The gentleman, who made him a present of these birds, stated that they had been hatched from eggs laid by hens in a poultry yard. He was certain that the eggs from which they had been hatched, had been laid by hens. He referred the phenomena to the fact that a parrot was kept in the yard where the hens were, and scared them, in some way; hence the malformation. That there

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is such a thing as maternal impression, the greater portion of the embryologists of the present day have very little doubt; that such impressions produce photographic representations of the object from which the mother receives the impression, there appears to be a great deal of doubt. It has been shown that there is a possibility of producing monstrosities by certain physical shocks. Now, there is very little doubt but that sudden and violent shocks to the mother in the early months of pregnancy might check development in certain directions, and further, it might be, produce pathological lesions; but we must call into question these wonderful cases in which the maternal impression marks the face and produces other freaks of nature.

Dr. —— ——.—A very interesting case occurred to me last April, which was also an impression on the side of the parents. I was sent for to go and see a baby just born, delivered by a midwife. When I arrived, the midwife was greatly terrified, and from her demeanor, the parents said, she was a witch. The child was born with a double hare-lip, the division extending up to the nose and dividing it; the nose was flattened down considerably. There was also a complete cleft palate. The eyes were closed; I tried to open them, but the rotundity of the eye-balls was absent, and upon further examination, I found there were no eyes. I concluded that the case was one of absence of eyes, double hare-lip, and cleft palate. The child lived but a few days. The woman was about forty years of age, and had given birth to four children, all healthy. During her last confinement she had gone through many hardships. To an inquiry as to whether she had seen any one blind, she replied she had not. I never saw a case reported of absence of the eye, except by a doctor in Vienna, who reported three cases. Post mortem revealed the fact that the eyes were undeveloped. I also recall a case reported to me me by a gentleman in this city, which was attended by him about twenty years ago. It was an infant born with lids closed; but with eyes. He simply opened the lids. The patient is now twenty years of age and has perfect sight.

Dr. Harcourt.—One of the gentlemen spoke as if I advocated the theory that these malformations were the result of impression. I simply mention what was told to me. I thought that the first case might be of some interest from the fact that the abdominal walls were absent. In examining the abdominal walls, the integument degenerated into membrane. There is no question about it: equally certain is it, that there was no umbilical cord. I thought too, that perhaps others may have seen or heard of such cases, and might throw some light on this subject. I have simply given the facts, without pretending to account for them. I know that the medical profession is divided as to whether maternal impressions are recorded in the fœtus. I have never seen anything before like the first case reported, at least.

Dr. Avery.—A year ago, I had a case of some interest to me, being the first I had observed at that time. I was called to attend a lady, and found on my arrival the os was rapidly dilating, the sac of waters presenting, and a breech presentation was made out. The case progressed as favorably as might be expected under the circumstances, till the delivery of the shoulders. There seemed to be more than ordinary difficulty in delivering the head, which was accounted for by the fact that it was hydrocephalic; being at least twice the size of a common fœtal head. The upper lumbar vertebæ, were entirely absent, leaving the viscera in plain view. Of course, the child was still born; but I could ascertain no reason for the abnormal condition of the child, nor could the mother give any explanation. She had received no shock, or anything of that kind. It was somewhat interesting to me, never having seen a case of that kind before. I couldn't secure the child for exhibition.

Dr. Harcourt—In reply to a question as to how the child got its nourishment in the absence of the umbilical cord, said: I don't know, that I could state the exact form of the placenta. The membranes were attached in the usual way. In regard to the nourishment, I suppose the blood passed through the membrane in the usual way. As I stated, I had been called from another case to attend this one, and intended to examine it more fully when I returned again from the other case; but on my return I found everything destroyed. There was no umbilical cord: I am certain of that; I can conceive how the child could be nourished from the membranes attached in the manner stated.

Dr. Kiernan.—With regard to one point raised by Dr. Harcourt, I would say that absence of the abdominal integument is not unique, although I have not paid much attention to this department of medicine. Sometime ago a case was reported in Vienna, in which the abdomen was absent, being closed simply by peritoneum, and nothing more. In regard to absence of the umbilical cord, I can say nothing. It is to be regretted that Dr. Harcourt's case could not be more minutely examined. Adjourned.

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CHICAGO GYNECOLOGICAL SOCIETY.

The Chicago Gynecological Society held its regular meeting Feb. 15. Dr. Chas. Warrington Earle read a paper on "Cirrhosis of the Pancreas— Pregnancy— Emanciation — Death." (See paper.)

DISCUSSION.

DR. MERRIMAN.–Has the author in Ziemssen given any means of diagnosis in life?

DR. EARLE.—Not only has none been given, but he says that no one of the possible symptoms can be relied upon as pathognomonic. Dr. Earle then gave a brief history of the other two cases in his own practice, and also remarked that it was his opinion that frequently the pancreas was not noticed in ordinary post mortems; and a distinguished pathologist once told him that many medical men had never seen the organ.

DR. MERRIMAN.—You mention in the second case increased salivary secretion. Now I should expect that, on account of the salivary glands, to a certain extent, having functions similar to that of the pancreas; for instance, changing starch into sugar. Was that symptom noticeable in the other cases?

DR. EARLE.—I do not remember; but it has been noticed by others who have observed pancreatic diseases—so much so that this is classed as one of the prominent symptoms.

DR. BARTLETT.—When I was young, I used to be accounted something of a grass pathologist. I have, on several occasions, made as many as five post-mortems in a day. I have made a good many post-mortems. It is my opinion that not once in fifty times is the pancreas looked at.

DR. SAWYER.—I remember being present at an autopsy that was made by Dr. Weber, the pathologist of the City Hospital of Boston, upon the body of a young girl supposed to have died from chlorosis. I remember the peculiar cast, the peculiar tint of the face, presented by that corpse. I never saw anything like it. If all cases of chlorosis are as well marked as that one, then the disease can well be called chlorosis. Before opening the body, Dr. Weber said to the class: "We shall perhaps find disease of the pancreas, as it is one of those diseases accompanied by extreme bodily waste." I saw the pancreas in this case, and I believe it was the first time I ever saw it.

DR. MERRIMAN.—I am more and more convinced that we do not begin to know about nutrition as we ought. I have a case of chlorosis on hand now, and this paper and discussion sets me to thinking more strongly about it than ever before.

CORRESPONDENCE.

THE FARADIC CURRENT IN SKIN DISEASES.

To the Editor of the Review.— Sometime since I had a very obstinate case of "tetter," on the fore-arm of a stout mechanic. After trying all the known remedies without success, I applied a strong Faradic current, the positive pole being placed a few inches above the seat of the disease, the negative electrode being passed repeatedly over the seat of the disease. A fine, dew-like exudation appeared, and the next day the disease had almost disappeared. A second application of the battery left but a few red spots, which finally disappeared under an application of nitrate mercury ointment. I shall try the same treatment with my next case of scabies.

ALEX. F. SAMUELS, M. D.

Prairie du Chien, Wis.

ANÆSTHETICS IN LABOR.

To the Editor of the Review.—Will you do me the kindness to give these inquiries a place in the MEDICAL REVIEW? I believe your readers can materially assist me in collecting statistics on this somewhat controverted subject.

1. What is the best anæsthetic for such cases?
2. What is the effect of chloral hydrate administered previous to an anæsthetic?
3. Do you find that it arrests normal uterine contractions so as to retard delivery?
4. What deleterious effect does it have on the child, either before or after delivery?
5. Does it, in your opinion, have any tendency to the production of post partum hemorrhage?

Any other information on the subject, not covered by these questions, will be cheerfully received. To those furnishing statistics, I will be pleased to send reprint of article when published.

W. E. ZIEGENFUSS, M. D.

Albany, Wis.

ST. JOSEPH NEWS.

To the Editor of the Review:—The seventh annual commencement exercises of the St. Joseph Medical College, took place Thursday evening, February 21. Addresses were made by Rev. F. A. Abbott, Dr. T. H. Doyle, and Dr. Bernard Ward, class valedictorian. This has been an unusually successful year for the college. There were 36 students in attendance. Eleven of these applied for the degree, five were plucked and six received the degree. This is a very large percentage to pluck, and

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shows that none but well posted students need apply. The Board of Trustees are negotiating for the World's Hotel Building, which they wish to procure for College and Hospital purposes. If this project is successful, the St. Joseph Medical College will be one of the finest equipped colleges in the country. St. Joseph has the capital and there is no reason why it should not have such an institution.

The medical men of St. Joseph are rather sore over a little occurence in professional circles. Some months ago a traveling optician arrived in the city with great flourish. He visited all the physicians in the city, presenteach with a pair of glasses; he then in a modest manner asked for a certificate, etc., which under the circumstances was generally given. The aforesaid optician opened up an office and extensively advertised, using the certificates of St. Joseph's prominent physicians. In consequence he has reaped a rich harvest and the St. Joe doctors are compelled to stand back, and see the optician's pocket swell while theirs are being rapidly depleted. There is an old adage about somebody paying for his whistle and this is applicable here.

ST. J.

St. Joseph, Mo., Feb. 30, 1884.

ITEMS.

In Vienna the illegitimate births are about 40 per cent.

The Eclectic Medical College, of St. Louis, graduated fifteen students.

The death rate of Lansing, Mich., for 1883, was only 10.337 per 1.000.

There are about one hundred American students in Vienna this winter.

The medical department of the university of Zurich has thirty-eight female students.

The St. Louis School of Pharmacy will hold its commencement on the 12th of March.

A case of syphilitic re-infection is recorded in Centralblatt für Chir. Both developments well marked.

The left side seems the preferable position to put the patient in when difficulty occurs from an anæsthetic.

A bill has been introduced in the municipal assembly to receive pay patients at the St. Louis Insane Asylum.

A foreign corresondent writing from Paris, calls the oculist, Galezowskie, "Gabrowskie." The Record, by some slip, makes the same mistake and the rest follow suit.

The dental department of the Vanderbilt university at Nashville, graduated thirteen students, The school of pharmacy of the same university, graduated seven.

"The Analeptic" is the name of a new monthly journal consisting of short extracts. It isedited by W. S. Wall, M. D., and published by G. P. Putnam's Sons, New York.

A tattooed woman, in Baltimore, has given birth to a child bearing the fac simile marks of its mother. The tattooing of the mother was done whiltsshe was pregnant. This is another case of maternal impression influencing the fetus, but it wants verifying.

Dr. J. B. Shapleigh will leave St. Louis, on the 15th of March, for Europe. The doctor will spend his time in Vienna, studying diseases of throat and ear. He expects to be absent about a year. We wish him a pleasant journey.

The Meharry Medical College, of Nashville, Tenn., has just graduated a class of eight. Since its organization, forty-five diplomas have been issued. This, and the Leonard Medical Shool of Shaw university, Raleigh, N. C., are the only exclusively negro medical colleges in the country; the latter has not, as yet, sent out any graduates.

The Spring Course of lectures of Rush College opened February 26,and will continue till June 17. Rush College has adopted the policy of issueing only one announcement each year, hence the usual Spring and Practitioner's Course announcements are this year omitted. The course for Practitioners will open April 4, and continue four weeks.

THE ST. LOUIS MEDICAL COLLEGES have been holding their commencements during the present week. The Missouri Medical College held its 43rd annual commencement on the afternoon of March 4th at the Grand Opera House. Hon Charles P. Johnson delivered the valedictory address. 102 students were graduated.

THE ST. LOUIS COLLEGE OF PHYSICIANS AND SURGEONS held its exercises on the same evening at Memorial Hall. Dr. Louis Bauer delivered the introductory address, and a popular science lecture was delivered by Dr. A. C. Bernay. The valedictory in behalf of the class was delivered by Benj. Sippy, M. D. Number of graduates, 28.

THE ST. LOUIS MEDICAL COLLEGE held its commencement at Memorial Hall on the evening of the 5th. The dean, J. S. B. Alleyne, M. D. conferred the degrees,and Dr. G. Baumgarten delivered the valedictory address. The number of students graduated was 34.

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THE WEEKLY MEDICAL REVIEW.

VOL. IX. NO. 11. CHICAGO AND ST. LOUIS, MARCH 15, 1884. TERMS: $3 A YEAR.

A HOSPITAL WITH CIRCULAR WARDS is to be built in the town of Burnleys, England. (British Med. Jour.) The plans approved of by the committee provide for the erection of a hospital with one-story pavillion-wards of a circular form, as suggested by Professor Marshall, President of the Royal College of surgeons. Two of these wards are to be built at present, with an internal diameter of 60 feet, for the accommodation of twenty beds each.

The architects, Messrs. W. Waddington and Son, of Burnley and Manchester, have designed a sun-room, or day-room, on top of each ward, with a promenade 12 feet wide all round it. Access to the roof is given by a gently sloping spiral stair case, surrounding the smoke and extraction-flues, and occupying a closed-in space in the centre of the ward, 16 feet in diameter. There is thus left for the ward itself an annular space 22 feet in width.

The height of the ward at the eaves is 15 feet, and at the inner portion 16 feet. The roof is formed of concrete supported on iron girders. The lineal wall-space of the ward is 189 feet, giving an average wall-space per bed, excluding doors, of about 8 feet 4 inches. The floor-space is 132 square feet, and the cubic space 1,560 cubic feet, per bed. Windows are placed between each bed, extending 2½ feet from the floor to within about a foot of the ceiling; and ample provision is made for ventilation, both at the floor-level and at a height of about 7 feet. From the inner part of the ceiling, and also from the floor, ventilating outlets are led to an extraction-shaft, which encircles the smoke-flues.

The walls of the wards, water-closets and bath-rooms, are to be of glazed bricks or tiles. The floors of the wards are to be of oak, beeswaxed and polished. Separated from each ward by a cross-ventilated corridor are the bath-room and water-closets. Connecting the circular ward with the main corridor is a well-ventilated passage, on either side of which is a single-bedded separation-ward; and between these wards and the circular ward are the nurse's rooms and the ward-scullery.

A subway is provided from the cellar-floor of the administration-block to the wards; in this, all pipes will be laid, and along it coal, foul linen, cinders, and sweepings, may be conveyed. Provision is made on the site for the addition of four other wards, similar in size to those described, and also for a children's ward for fourteen beds. This is intended to be 40 feet in diameter, to have no central stair-case or sun-room, and to have a dome-shaped ceiling.

A CASE OF RUPTURE OF THE HEART was reported at the annual meeting of the British Medical Association, by J. A. McKenzie, (British Med. Journal). J. V., aged 75, whilst at dinner, appeared to strain very much in endeavoring to swallow a tough piece of meat, it being thought he was choking; before the arrival of medical aid death had taken place. On post mortem the body presented a fairly well-nourished appearance. The mouth and upper parts of the air-passages were examined, but no trace of any foreign body could be discovered. The existence of a distinct and well-marked arcus senilis was noted. Upon opening the cavity of the thorax, the pericardium was found distended into a globular tumor, presenting a bluish discoloration, as from something shining through the walls of the sac, rendered transparent by distension. When the pericardium was opened, the cause of death at once became evident, for the great

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distension of the pericardial sac was due to to the presence of an enormous clot, and a quantity of serum. The clot was most accurately moulded upon the heart and commencement of the great blood-vessels. The clot and serum were carefully removed, when the rupture revealed itself. The heart was pale and flabby, and presented all the appearances of fatty degeneration. There was no trace of any valvular disease, and, with the exception of one or two very small atheromatous patches, the large vessels were quite healthy. There was considerable atheroma, however, of the coronary arteries. The examination of the interior of the heart showed the existance of yellowish softened patches distributed at irregular intervals over its sursurface, and in the left verticle, where the rupture had crossed, these extended deeply into its substance. Microscopical examination of a section of one of these patches revealed extensive fatty degeneration; in fact, in a section taken from near the site of the rupture, all trace of muscular fibre had disappeared. The other viscera were found to be healthy. Speaking of rupture of the heart in general Mr. McKenzie says:

"Leaving out altogether the question of direct wounds of the heart, I will speak only of what have been classified as traumatic and spontaneous ruptures (of the heart); and, in order to be able clearly to refer my case to its proper class, it will be necessary briefly to draw attention to the causes, exciting and predisposing, and to the mechanism by which both kinds of ruptures are produced.

In the normal state, the resistance of the walls of the cardiac cavities is evidently much superior to the tension of the blood-current; but this relation, essential to the efficiency of the circulation, and to the continuity of the heart-walls, may be disturbed in two ways.

1. Assuming the heart-walls to be sound, the tension of the blood-current is suddenly increased by some force acting from without, and the cardiac parieties, unable to withstand the shock, gives way. This is the mechanism of the production of traumatic ruptures, which are found in practice to have been caused by some great violence which imposes a sudden restraint upon the respiration and circulation. A kick from a horse upon the chest, the passing of a wagon-wheel over the body, the falling of a heavy log of wood upon the chest, are recorded instances of the means by which the force indicated above has been applied.

2. Before the introduction of the use of the microscope, it was believed that spontaneous rupture could take place without previous alteration or degeneration of the heart-walls; but at the present time the occurence of spontaneous rupture unassociated with any degenerative change is denied by all authorities. The mechanism of the production of spontaneous rupture differs from that of traumetic in this. In traumatic rupture it is the heightened tension of the blood-current induced by external violence which leads to the solution of continuity; whereas, in spontaneous rupture, the tension of the current remains the same, but the heart-walls, enfeebled by fatty or other degenerative change (brown atrophy), do not offer the normal resistance to the flow of blood, and rupture may take place in consequence of some effort in which the muscles of respiration, etc., are concerned.

The predisposing causes are fatty degeneration of the heart, brown atrophy, disease of coronary arteries, syphilis, probably from the production of gummatous tumors in the heart-substance, and myocarditis, with its subsequent softening.

The exciting causes were very marked in some of the recorded cases; whilst in others there appears to have been a total absence of any circumstance which could be put down as an exciting cause. I have found the following causes recorded:—Shock of a cold bath, fit of passion, efforts at defæcation, vomiting, epileptic fit, and, adding my own case, the effort put forth in swallowing a tough piece of meat.

The question of age seems to have an important bearing upon the causation, for I find that the mean age in a series of forty-eight observations was sixty-five years. The in-

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fluence of sex does not appear to be very great, though as a matter of fact rupture has been ascertained to have occurred oftener in men than in women. The commonest seat of spontaneous rupture is the left verticle; the right, upon which we generally find traumatic ruptures situated, appearing to be less liable to the spontaneous lesion.

From these facts regarding the causation and pathology of rupture of the heart, there does not seem to be much difficulty in classifying my case as one of spontaneous rupture of a heart, enfeebled by fatty degeneration and impairment of nutrition, consequent upon atheroma of the coronary arteries, and the advanced age of the subject. Unfortunately, there is not much opportunity in these cases for the exercise of diagnostic acumen, death nearly always taking place before the arrival of medical aid. If seen immediately, a case in which the rupture was not very extensive might be mistaken for angina pectoris. In short, the extreme rarity of these cases, and the rapidly fatal termination, precluding, as it does, any attempt at treatment, make them of more pathological interest than practical clinical importance. Medico-legally, traumatic rupture following a blow, or supposed blow, upon the chest, might be of interest.

THE ALIENIST AND NEUROLOGIST receives the following well deserved compliment from the Louisville Medical News: "The Alienist and Neurologist on January 1, 1884, entered its fifth volume. With the issue of its first number it was evident to those who read aright, that an organ of destiny had come into the field of journalism. It was not long in reaching the position of commanding influence which it now holds in the literature of psychiatry. * * * Every western physician who is possessed with a due appreciation of home institutions now points with pride to the Alienist and Neurologist, and he must in justice admit that the journal owes its success mainly to the untiring energy and profound scholarship of its accomplished editor-in-chief, Dr. C. H. Hughes, of St. Louis." We fully endorse every word the News says. The A. and N. is looked upon with pride by the profession of the south and west, as a credit to American medical literature. We have no hesitation in saying that as a journal of psychiatry it is invaluable to the general practitioner, and that no progressive medical man can afford to be without it.

A CASE OF OBSTRUCTION OF THE BOWELS, lasting 18 days, was relieved by Dr. Botley (Le Progress Medicale); by means of electricity. Mme. H., aged 77, after a few days of constipation, was taken with complete obstruction, for the relief of which all ordinary methods were tried in vain, and the question of making an artificial anus was considered, as she daily became weaker with intense tympanitis and stercoraceous vomiting. It was decided, however, to try electricity first. On the 17th day an induction current was used, one pole in the rectum the other over the bowels for fifteen minutes; in the evening slight colic was felt, indicating the return of action in the bowels. Next day another application of electricity was made lasting only 12 minutes, on account of colicky pains produced by the current. A passage was effected the next morning lasting two hours, consisting of at first hard masses, then soft, accompanied with intestinal gases.

SEVEN COMMON SURGICAL FLLOIES is the subject of an article in The Polyclinic, which were it not slang, we should like to characterize as a bully article. The first is, The ether folly. The author quotes a common expression, "He couldn't be etherized; I had to give him chloroform," and says with justice, the fault was not with the patient, it was with the doctor. The plan the author, Dr. J. B. Roberts, recommends is to crowd the ether and admit only little air. When, however, there is a blue condition of the face due to spasm of the respiratory muscles, one full inspiration of air should be allowed. We remember being requested to administer an anesthetic to one who, on several previous occasions needed chloroform to complete the anesthesia and who was greatly disappointed to find

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no preparation had been made for the addition of chloroform, but within two minutes her anxieties on that subject were at an end, and she was ready for the surgeon.

The incision folly is the second. We have often been surprised to find how many make the mistake of a niggardly incision.

The sponge folly will probably exist for years. The doctor uses clean towels, which we have several times recommended; having seen them so advantageously used by Paen, in Paris. In the Polyclinic he uses Japanese napkins—an excellent idea. For delicate operations on the eye we are accustomed to use Swedish filtering paper. The Styptic folly is, we think, justly characterized as the commonest and most ridiculous of the surgical traditions of the present day. After an operation, says the author, let the surgeon tie the large vessels, wipe away the clots, put in the sutures, apply moderate equable pressure by compress and bandage, and he will have no need of hot water, alum, tannin, or, that vilest of all styptics, Monsel's solution.

The silver wire folly, we also consider well taken. The author justly claims that iron wire is more flexible, equally strong, and a good deal cheaper, he says; "The nicest iron wire I have seen, and which I now use for the purpose, because it is strong, very flexible. and free from elasticity, can be bought for five cents a spool. If it becomes a little rusty, it can be rubbed clean in a moment, should the operator object to the small amount of oxide of iron upon it."

The adhesive plaster folly, also receives his censure, he considers adhesive plaster to have little or no value in surgery, except for making extension, and preventing motion in case of fracture. He believes operative surgery will be greatly improved as a scientific entity, when sponges, styptics, silver wire and adhesive plaster are discarded in the dressing of wounds. If, says he, you have these articles for this purpose, in your offices, I pray you to throw them away. They are needless, worthless, and detrimental.

The last topic, however, the small dose folly we consider too much involved, to so readily yield our assent. There is too great a possibility for a misunderstanding. On the substances mentioned as an illustration, we are in perfect accord with Dr. R., but really we never once supposed that anyone ever attempted to overcome a severe pain with a sixteenth or eighth of a grain of morphia. We have frequently, with success, given hypodermic injections of water, but had no idea that anyone would attempt to use less than a a quarter grain of morphia, when he expected the anodyne effect of the morphia to overcome severe pain.

MISTAKES. — Some years ago, a Medical Journal, we think it was the British Medical, invited its various subscribers to send records occasionally of their various mistakes, with the understanding that the bona-fide names should be given as a guarantee of authenticity, but the names should in no case be published. The invitation, however, to the best of our knowledge, was not responded to very extensively. The fact is the profession, as individuals keep and will keep their mistakes as quietly to themselves as possible. It is an act of self-preservation. It is, however, no breach of faith, to air a little, mistakes which have become public property. Of course it will be understood that such mistakes have been committed by licensed practitioners, licensed by the State of Illinois. Not six months ago, on the West Side, Chicago, a woman was discovered to have a lacerated cervix and of course she had to be operated upon; no matter whether there was any evil results or not. Four physicians, they belonged to the homœpathic school, were present either to operate or assist. The operation was of course successful, only, within twenty-four hours the woman gave birth to a seven months fœtus and within the next twelve hours she died. Such a circumstance seemed incredible, but it became all the more incredible when we were informed the same man had previously operated on the same woman on a previous occasion, which was also followed by an abortion of a three months fœtus.

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Another instance of a somewhat similar nature was narrated to us of a practitioner of the same school, on the North Side: a woman recognized to be pregnant was suffering from chills which refused to yield to the various attenuations, and a diagnosis was made of a dead fœtus with the absorption and consequent blood poisoning. The kindly consolation given was that the patient must "grin and bear it." On the husband, however, naturally enough, insisting on something being done, a delivery was effected and the child came into the world crying. These mistakes are so gross that it scarcely seems possible a man of ordinary intelligence should feel other than insulted at the possibility of his gaining any advantage from their recital. It may, however, explain the peculiarity of the small families of the American household.

Another mistake, however, which was made in the experience of one of the regular school may be worth remembering. A woman, again on the West Side, after a tedious labor was delivered of what appeared to be a dead fœtus. Just as a consultant was entering, the cord had been tied and the fœtus was placed on one side as beyond all further need of assistance. The consultant, however, was a little sceptical and suggested the untying of the cord and allowing a little blood to flow, this supplemented with a few patient efforts at artificial respiration changed the aspect of affairs and secured a living child to the joy of the parents.

Gonorrhœa is one of those common disorders which often proves rebellious to the most approved treatment, and many are the methods which have been devised to arrive at some satisfactory solution of the problem. Dr. E. L. Keyes has recorded a number of experiments made by him with recently recommended remedies (Jour. of Cut. and Veneral Dis.). Hot water irrigation is one of these methods, and although highly recommended by Dr. Curtis and well spoken of by Dr. Otis, in the author's hands it was very unsatisfactory. Iodoform bougies have failed him totally, but have done no harm; whilst corrosive sublimate injections were found to be too strong for frequent use in virgin cases even when only used with a strength of one in two thousand. Good results have followed in cases of spurious gonorrhœa. When reduced to one-sixth grain in the ounce and injected three or four times a day, it did not succeed in aborting a single case of gonorrhœa out of several in which it was tried. The temporary conclusions of Dr. Keyes, based on the imperfect data he has obtained are: 1st. A mild bichloride of mercury solution irritates the mucous membrane of the urethra more than it seems to irritate an open wound. 2d. It appears that an abortive treatment of the gonorrhœa is yet to be discovered. 3d. The hot water treatment of gonorrhœa is unreliable.

The Japanese Infant.—Notes Médicales im Le Japon" by Ch. Remy, Professeur agrégé de la Faculté, published in the Archives Générales de Médecine, August, 1883, contains some interesting items relative to Japanese infant life and childhood. As we enjoy a personal acquaintance with M. Ch. Remy, and through the acquaintance, have learned to appreciate both his ability for investigation and his love of scientific truth we estimate the more highly the notes of his personal observations. Among the details of Japanese hygiene, says Mr. R., I was peculiarly struck with the mode of feeding and educating the children. They are given the breast until they are from five to six years old. They run after their mother claiming their maternal pabulum in accurate language. It is true the method of sectioning the age in Japan may involve an error of a year, but for a long period the child depends solely on its mother for nourishment. Artificial nursing is unknown among them. It is not to be supposed, however, that the mother's milk constitutes their sole food up to the age of five or six years, but that it is not deprived of that luxury up to the age of five or six years. M. R., finds that cachetic affections are absolutely unknown in Japan and attributes its

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absence to this prolonged maternal nourishment.

The new born infant is for the most part almost naked during summer, and among the poor, also in winter. When they are clothed, the clothing consists of loose robes bound round the waist and split up in front. The Japanese mother, although very tender over her child, pays little attention to it in protecting it from the cold. The child is carried on the mother's back between two articles of clothing and strapped on so as to prevent it from falling. The part of the body thus in contact with the mother derives some heat but the head and the upper part of the body are exposed almost naked to the changes of temperature—to the cold and heat of the sun. The sun gives out a burning heat even in winter. The child may be said to be in the street almost as soon as born.

The child becomes thus accustomed to this kind of a pouch on the mother's back, that if it is running around, on any approach of danger it rushes to its refuge and, hence, regards tranquilly its former object of terror. When the mother is incapacitated from performing this function it is usually undertaken by a little girl who has herself just ceased to be carried. Little, or no attention, is paid to the little brat in the pouch, the mother goes about her work, whatever it may be, and the little girl who has undertaken the task, continues her play in the streets, and nothing is more curious to see than the little girls thus loaded running about in the fields and streets. The habit of being carried lasts so long that one little girl scarcely ceases to be carried, before she is ready, in her turn, to carry another. The children are constantly seen, two and two, one carrying the other. This custom among the little girls of carrying something on their back is almost a necessity, when there is no child to be carried she finds a dog or a doll. Immediately after birth the Japanese baby's head is shaved; later a small tuft of hair is allowed to grow just on the top of the head ; then two tufts just above the ears ; later, four tufts are allowed to sprout ; then one frontal and one occipital ; later on, at a certain distance from the central tuft, well separated by a shaven part, a complete crown of hair is allowed to grow. The variations in the child's hair toilet are very curious, the age can be told, practically, by the mode of dressing the hair.

Peptones in the Urine has recently (Miss. Val. Med. Monthly) received considerable attention; some observers suppose their presence is of special clinical importance, indicating a morbid state analogous to, or possibly an early stage of granular contracted kidney. The elaborate investigation of Dr. R. W. Jaksch, however, tended to discredit this view. He found that peptones appeared in the urine with great frequency in cases where there was a considerable amount of suppuration from whatever cause, or where there was a large amount of exudation; he found it in every one of twenty cases of phthisis with purulent expectoration, and of five cases of epidemic cerebro-spinal meningitis, and twelve cases of acute rheumatism, as well as in twenty-four out of twenty-nine cases of croupous pneumonia. He believes that the peptonuria is due to the re-absorption of the inflammatory products, and does not depend in any way on the condition of the kidneys.

Sign of Pregnancy.—From time immemorial the profession has been searching for some infallible sign or symptom by which pregnancy can be diagnosed in the early months, but so far, the results have been negative. It is true, that given a certain case in which it is evident that the patient has had an opportunity to become pregnant, and there is interrupted menstruation, nausea, etc., the probabilities are that pregnancy exists, and in nine times out of ten the physician would be right if he should so declare, but all these signs may exist without pregnancy; hence, a physician can not say positively that pregnancy exists till the fœtal heart sounds can be heard, which usually is not earlier than the fourth or fifth month. Prof. Osterich, of Dresden, says that the earliest never-failing sign of pregnancy is the vaginal pulse. This

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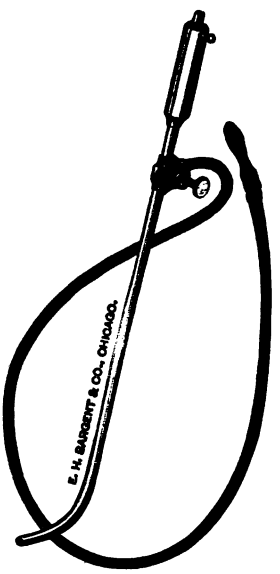
pulse is found to the right and left of the cervix, also in its middle. It can not be felt in healthy, non-pregnant women, except when the parts are turged with blood by veneral excitement, but then all other signs of pregnancy are absent. It is doubtful if future observations will confirm the statements of Osterich. The vaginal pulse, even if absent in healthy non-pregnant women, can only be caused in pregnant women by an increased flow of blood to the parts, and a consequent enlargement of the arteries, but as various other things may cause a congestion and enlargement of the genital tissues, we can not see why the same pulsation can not be felt in pregnancy. However, this can only be settled by a long series of observations, and should Osterich's observation be confirmed, it would often serve to relieve the physician of great perplexity, and sometimes his patients also.—Ind. Med. Journal.

Nervous Manifestations Sequent on Anæsthesia.—M. Ferrier, at the Société de Chirurgie, reported a case of hystero-epilepsy consequent upon chloroformization for a slight surgical operation. Other cases were mentioned by MM. Nicaise and Verneuil.

(Two similar cases have come to my knowledge in this city One of a young girl from whom a sub-ungueal exostosis was removed. After chloroform there was a decided hemispasm of the right side of the body. This occurred on two occasions. There being no nervous manifestations in the intervening period of thirteen months. A second case was in a young man, after the administration of ether for ligation of hæmorrhoids. A grand attack of hysteria ensued, followed by well marked melancholia, refusal to take food, sullen silence, etc.—R. B. N.)—Can. Practitioner.

The "Lithophone" is described in the "Clinic of the Month" of the American Practitioner and is there said to be the invention of James McKenzie Davidson, M. B., C. M. Before criticising the selection of the name on the part of the so-called inventor, we would remind the Practitioner that the very same kind of instrument was devised by Prof. Ed. Andrews and exhibited to his class in the Mercy Hospital of Chicago as early as 1878. That it was exhibited before the Illinois State Medical Society in 1878 and published with a cut in the proceedings of the said society of the same year, and can there be fonnd on page 254. Dr. Andrews has also used it with a double tube attached so as to demonstrate the presence of minute stones to his students. This plan he has also found useful to give a demonstration to the friends of his patients. Of course any number of tubes could be attached. Of late he has



slightly modified the form by using a clamp attached to the tube. The clamp can be attached to any sound.

To illustrate the instrument we have, through the kindness of E. H. Sargent & Co., obtained permission to use the above figure, which has been prepared for their catalogue, and requires no further explanation. We are not aware that Dr. A. gave his child a name; if he had, we do not suppose, for one moment, he would have christened it a "lithophone." He is too practical for that. The object of the instrument is to detect any solid body in the bladder, whether it is a piece of a broken catheter or a stone or any other for-

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eign body; consequently there is no sense in the first part of the word. The Greek word from which the second part is derived indicates rather articulate sound than mere noise or contact of two solid bodies, consequently if we must have a Greek word the one used would scarcely be the one to choose. But the chief idea associated with such an instrument is rather the perception of the sounds and hence we should seek some word which would convey that meaning; and some such term as "ausculting sound" would be more appropriate, although a little longer. We are disposed to think from the title the doctor gave his paper read before the Illinois State Medical Society that some such name, had he chosen one, would have been adopted by him.

An Easy Method of Bed-side Urine Testing has been suggested and worked out by Geqrge Oliver, M. D. (The Chemist and Druggest). He uses various test papers which are made by saturating pure filtering-paper with the test solutions, such as potassio-mercuric iodide, sodium tungstate, potassium ferrocyanide, and picric acid for albumen, and indigo carmine for sugar. These papers are used as easily as litmus paper is employed, and they possess other advantages than portability merely, such for instance that, while some of the solutions need to be newly prepared whenever they are used, the papers seem to keep indefinitely. Dr· Oliver has given a summary of his experience with these paper tests, with a great many hints derived from constant practice, and adding explanations of ingenious methods he has devised for ascertaining by their means the quantities of albumen or sugar present in the urine tested. For quantitatively testing the albumen in urine he employs a piece of glass of standard opacity, which compares with a tube of a certain diameter in which albuminous urine has been precipitated by a potassio-murcuric iodide paper. The opacity is tested by reading a card through the glass and the tube, and when it corresponds exactly the proportion of albumen present is 1 per cent. If a greater proportion is present the fluid is diluted till correspondence is attained. Dr. Oliver is confident that by this method anyone could distinguish between .1 and .12 per cent. Sugar he detects by means of indigo-carmine papers, the use of which he has himself proposed, and the rapidity with which the color is discharged is the test of the quantity of sugar present in the urine.

Delirium Tremens followed the withdrawal of stimulants in three cases reported by Dr. M. J. Lewis (Medical Annals). The first was that of a tall, strong man brought to the hospital on acount of a broken leg; received the injury while deeply under the influence of liquor; stimulants were not given, and in a little time delirium tremens came on. The second was that of a man who in a drunken fight received a severe scalp wound; stimulants were not administered on his admission to the hospital, and delirium tremens came on, lasting, as in the other case, nearly thirty-six hours. The third was a genuine case of "snakes," developed under somewhat peculiar circumstances.

Glycosuria of a, more or less, prolonged character occurring after hysterical attacks demonstrates the fallacy involved in the report of 'cures' of "mild glycorsuria in women." The co-existence, or alternation, of a gouty type of glycosuria, with gout, points to the probability of Bence-Jones' view that glycosuria is a disease of sub-oxidation but it also shows this view merely indicated a neurotic origin for the disease since as Dyce Duckworth has show gout itself is a trophoneurosis.

Nervi Nervorum.—M. Victor Horsley has ascertained that the perineurum contain not only sensory nerve fibers but also tactile corpuscles, or "end bulbs."

The Special Course of the Chicago Medical College for Practitioners will begin March 26 and continue four weeks.

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CONTRIBUTIONS.

GYNECOLOGY VERSUS CROAKERS.

BY P. V. SCHENCK, M. D.

[CONCLUDED.]

The workers in gynecology commenced in France, and from there the sparks were scattered over the whole medical world; and no where does it thrive (as granted by an able English writer) to so great an extent as in this country—headed by Sims, who, though just dead, has an acting vigorous immortality, and has so impressed himself upon the specialty that its name might be changed to Simsology. He is impersonated in every part of it. Whatever new work we may hereafter do will be but the outcome of his ingenuity. The stores of our instrument-makers are but cases to hold his instruments, and our text-books are but records of his operations. Though "he has crossed the sea on whose further shore all life's voyagers drop anchor," yet he has left behind him a system of uterine surgery which is resplendent with his presence and his power. In his profession he had the ardor of an enthusiast, the rapture of a lover, the simplicity of a child, and the wisdom of a sage. To his inventive mind the smallest things begat the greatest ideas: from the spoon he evolved the speculum; from the half-cut shot—the sinker of the fisherman—he brought forth the means of relieving one of the greatest ills of womankind. With a mind ever fertile and a hand ever deft, he died one of the greatest discoverers and operators of the age. He needs no costly sarcophagus, for he is enshrined in the memory of our profession. He needs no Ossian Stone, which consumes the body which it holds and in the end is wasted itself; for he is entombed by the intellectual surroundings of physicians and nothing is immortal but mind. He needs no monumental pile, for he has the gratitude of womankind, and his inventions and deeds are monuments which are as deep in foundation as the affections, as illimitable in base and height as thought, and will outlast the pyramids. We give him to the God who gave him, pure as the dew of Hermion; He shall have him, and blessed is the country to whom belongs the privilege of holding his ashes; and we do ourselves but honor in appeasing his manes by erecting a mausoleum. The seed he has sown has not fallen on barren soil; that which he has done is but the earnest of what shall be done—working in a field to which he has added fertility and furnished the implements for its culture, and toward which all the rays of his intellect converged we have such men as Barker and Thomas, Emmett and Skene, Goodell and Wilson, Campbell, Reeve amd Byford—the muster roll is too long to run over. Whatever gynecologists have found has been presented to the crucible of professional opinion; they have believed in no Druidical law that "whatever is taught is forbidden to be written;" their pens have not been sheathed in dry ink, and lance-like they hold them in their hands, diving deep into the professional sea—for the pearls in these waters are not on the surface, they have brought up the greatest gems. Going down into Nature's mine, they bring to the world whatever they may have delved out. Bennet gave us the first explanation of uterine pathology—Scanzoni has shown that the body is equally liable to disease as the cervix. Hewitt has contended that flexions are the great cause of disease. Tilt sees in the ovaries the main origin of sexual ills. Sims with his speculum has thrown a ray of light upon the branch which no darkness of ignorance can dim; Emmett has, with his tenaculum, demonstrated that what all supposed to be an ulceration is nothing more nor less than a laceration, and Thomas has given us a work which would be classical in any language, and with a fertile brain has traced a thought ere it vanish in the thinking. All stand out with literary monuments — monuments of the mind — which take a fixed station in our literature and of each may we say "their works do praise them," and such works are pregnant for future good.

American gynecoloy has so far advanced that many of those in the old world are lying in the ruts made years ago. It was an Englishman who, at the late medical congress, said that "American gynecologists were divided into two classes, one of whom was employed in dividing the cervix, and the other in sewing it up." Such a man in the great hereafter will disbelieve in the authenticity of Gabriel's horn unless he sees the order for its blowing under written directions bearing the seal of Great Britain! Does the fact that the Old World is asleep to the vast importance of the operation of trachelorrhaphy nullify the operation, that Couty makes no mention of it—that Eustasche gives only a paragraph of a a dozen lines or so—that Hagar and Kaltenbach give but two pages—that Edis bundles it up with precautions that would stampede a patient and demolish an operator — that Atthill fears we shall lose sight of every therapeutic appliance except the knife—that

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Hewitt fails to appreciate the pathogenic importance of laceration of the cervix—that West would oppose it on the ground of surgical greed? All these things are but pointings of national jealousy. Those who oppose only through ignorance keep their eyes on iodine applications as the man in "Pilgrim's Progress" did on the muck-rake. A late writer truly says the lesion and operation have become facts well established; the inference is that when neither lesion nor operation are recognized, the perceptive faculty is either lacking or refuses to be present.

Who are those who oppose gynecology? From the general profession as a body complaints now cease to be heard. No longer do we hear that a specialist is any the less a physician; neither do specialists with Job say to the general practitioner "Ye are all physicians of no value." Crimination and recrimination have long since ceased. But there are certain camp followers—certain "croakers"—certain professional dyspeptics—certain "Nicodemus Dumps"—who turn weddings and christenings into funerals—certain Professor's Ketch who suppose they are lecturing upon a cranium when they have nothing but a carved cocoa-nut shell—men with superanuated ideas—men who have something remarkable happening in the long goneby—men who, though in the profession, are in it as domestic asps—men whose social professional life is one of discord without a musical note—men who, like puppy dogs, snap and bite at their neighbors supposing them to be the cause of their ill success—men who profess great love for the science of medicine; but such professions cover the most egotistical motives. Some of these are men of ability in other things, while others, like Mr. Kremlin, are distinguished for ignorance; for they have only one idea and that is a wrong one. These men are generally good natured: they seize a truth with the coldness of an iceberg, and promulgate an error with the ardor of an enthusiast; harmless to everybody—except their patients. In the society of professional men they are Dogberry's—self-satisfied and loquacious; with a wagon load of words, making much ado about nothing. These men are not pure critics, but they remonstrate against a practice they know nothing of; against a specialty with which they are not familiar, the nomenclature of which is even unknown to them. Such men as these laughed at Lænnec for using the stethoscope, and think it is a sin and a shame that the laryngoscope should be perverted into a pretext for creating what they called a new and pernicious specialty. They look upon the use of Sims' speculum as blunting virtuous sensibility, breaking down the barriers which hedge in chasity. Such obstructionists have been in action during all medical history. "There are some," said Sydenham, "who, adding nothing to medicine of their own, are angry of the most trifling addition of another." Mauriceau, in his lectures advised his students not to follow such as condemn a conception when they understand it not, and believe it false because it is new; that they should not imitate those who seek only to carp while they neglect the facts. Thomas, in referring to this subject, says that "in looking over the science and art of medicine, it is curious to observe with what pains some men step aside from their accustomed duties to oppose the progress of knowledge." Such opposition met Jenner from Ingenhousz and Pearson—the last of whom never saw a case of cow-pox before his hostility. These men have always opposed the advance of surgery into medical fields. It was in such a spirit that the editor of the British and Foreign Medical and Churigical Review denied the credibility of McDowell's statement in reference to ovariotomy; and to-day they oppose the relief of cystitis by the formation of an artificial vesico-vaginal fistula; the relief of ills by the operation of trachelorraphy, and of the flexion of the cervix by posterior section. We need not itemize the random reflections which these men hold, without knowledge, as the basis of their feelings. Were we to go over the wild fields which these croakers have run over, we would start up some strange birds; and for science, it is better to lose them than to find them.

Gynecology covers a more extended territory now than the whole science of medicine did half a century ago. Subdivision of its labor is rapidly taking place, and ovariotomy may form a separate branch. Tait thus forcibly expresses it:—that, in his opinion, "no surgeon engaged in constant attendance on the promiscuous cases admitted to a general hospital should perform such an operation as ovariotomy."

Gynecology has opened a most promising field for the relief of human suffering, and its followers are no longer stigmatized as men of one idea; as one organ doctors; as seized with a womb panic; as seeing no ills, except to be uterine; as seeing the womb at the bottom of an ill it does not cause; as men whose brains are like the one furrowed field, all the soil running into this central ditch; but they are looked upon, as Chapman says, "rather as those who catching a glimpse of a new truth in its mazy labyrinth, have patiently pursued

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it to its ultimate retreat and then overtaken it; compelled it to an unconditional surrender alike to the honor of a special branch as to the profession at large." Now the editor of the British Foreign Medical and Chirurgical Review repents him of his statement, and has the manliness to beg pardon of God, Dr. McDowell and Danville; and we, on American soil, do him honor by erecting in the Danville church yard a granite obelisk. All efforts of croakers have been in vain, and croaking futile. Had these croakers their way, the profession to-day would have remained in the darkness of ignorance, and we been pacing in the trammels of antiquity. Our knowledge would have been for an age, and our arguments would have been on topics which have nothing in common with our own. The controversy between those practicing the general profession and those developing special departments has ceased. To discuss such a point would be of as little service at the present time as a last year's bird-nest to the wood-songster of to-day. The question as to the influence of specialists upon the profession is one that noiseless and irrevocable time has taken from our hands.

A true specialist has practical knowledge: his desire to advance in his branch is not obtunded by an over-weening confidence in his acuteness or accuracy of his powers. He holds in high estimation the labors of others; he, though delving in one mine, never forgets that he knows but little of that; he feels with La Place that what he does not know is enormous—that what he does know of even his specialty compared with what he does not know, is like the handful of sand in the hour-glass compared with the vast Sahara. He so holds his medical prism as to bring to it all the rays of professional light; he gives his undivided and individual attention to his special study, and loves the branch for the sake of the science. To such men are given the greater means to advance medical science, and to enable all to meet as far as possible the just demands of suffering humanity. To such is given greater opportunity to study the varying and ever-shifting phases of morbid action. I do not individualize, and will not comment upon a class of practitioners who, if they have a specialty, have it as an annex to the general practice. Some of them hold their special to assist their general business; some desire their patients when they suffer from disease of a special organ to look upon them as specialists; but when there is systemic trouble they must view them as general practitioners; and the medical profession, they desire, should regard them as specialists. Storer has called such men especialists. Had it not been for especialists, Syme would not have said to Keith when he commenced his operations: "Fellows like you should simply be handed over to the Public Prosecutor;" and he who made exploratory incisions would not have been branded as a murderer. Simpson said that had it not been for this class the operation of ovariotomy would not have been so long in receiving professional acceptance. These men, like birds, feed and grow fat upon food the result of the sowing of other hands. True, some of them become specialists; yet others—though almost persuaded—fear to take the step. In the science of medicine, to the professional chapter, each member forms a part, whether it be the dot to complete a letter or the well rounded sentence. Though our days may be swifter than a weaver's shuttle, yet each one contributes to the warp and woof that forms the professional fabric—whether it be to the verge, or whether it be to the tracing of the most important character. The profession of medicine, though of many members, constitutes one body; and, in the advancement of the science, all combine to make a unity of construction. One part of the machinery depends upon another; it is the wheel in the middle of the wheel—the great spirit of our living profession within. The oculist cannot say he has no need of the aurist; the alienist cannot say he does not need the larnygoscopist; the body of the profession cannot ignore the various branches, and the branches cannot exist without the body. No one part can withdraw itself from its solidarity with the rest.

Every advance in gynecology is due to the sure and steady strides made by her special devotees. The order of "Forward, March!" has been given, and woe to any soldier in her service who does not throw himself heart and soul into line. In our warfare against disease each one must be well equiped—must have a pride in his special arm of service—must endue himself with the love of the general army, and be filled with hatred against the common enemy. The soldier who has a favorite weapon is exercising it. The Knights in the days of chivalry had inscriptions of honor on their trusty swords. Many were the hours spent in sharpening their blades, and many more in brandishing them by way of preparation, so as to learn their qualities and how to make them effectual. All this proved how they valued their arms, and it tended toward valorous conflict and easy victory. We each have our armor, aud every advance which genius creates should be inscribed on it; every piece is named—the inventory is here: helmet,

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breastplate, girdle, buckler and shoes. But all in vain, unless the warrior endue himself with the harness; and utterly ineffectual without the weapon of attack. He who distrusts his bow will generally be conquered. Let us remember that when the vanguard waits for the rear, all progress will stop. Let us leave behind us those who have no desire to disturb their illusions—who, with bigoted blindness will not see whatever is new in our profession, will not believe that the practical life of medicine becomes firmly established only as it is founded upon scientific methods and results. In the never-resting spirit of inquiry—in the ready light and aid each department of medicine mutually renders — we possess a sure guaranty for the advance in the worth and influence of our glorious profession. Let us therefore advance; growing to newer and truer ideals, purposes and hopes, while the older—like the leaves—fade and fall.

FLAT-FOOT.

Abstract of a paper read before the St. Louis Medical Society, by A. J. STEELE, M. D.

Dr. Steele related a case of flat-foot, and remarked on the subject in general. The case was a lad aged 13, whose right foot was flattened and everted, the left foot being normal. The following impressions of the soles show the difference:

Fig. 1.

Fig. 2.

The deformity had been observed only for the past two years, and pain had been experienced in the tarsal joints during the past eight months only. This pain was aggravated by much use of the foot. During infancy and childhood the mother had never noted any difference between the two feet. There was no history of injury to the feet, nor of hereditary predisposition.

By the employment of some force the foot could be restored to improved position. The left calf was a quarter of an inch less in circumference than the right. Gymnastics of the foot and leg were employed, in conjunction with a pad worn under the inner tarsal bones inside a broad heelless shoe. Impressions of the sole, one taken at the end of two weeks, another at the end of two months, showed progressive improvement.

The anomolies of the case were that the deformity was limited to one foot and that it was not observed up to 11 years of age. In 3,000 cases of talipes reported, 12 only existed in which there was valgus confined to the left foot. Congenital valgus more often affected one foot than both. The opinion was expressed that the patient had been born with a slight valgus, which, later on, was painfully developed by excessive use of part.

Reference was made to a class of cases of flat-foot dependent upon a weakness of the muscles and ligaments, frequently seen in young persons of lax fibre obliged to be much on their feet attended with the carrying of heavy burdens, such as baggage-boys, butcher-boys, porters, etc. Mildly splay-footed cases from childhood subjected to such strain become greatly aggravated, rendering the subjects incapacitated from work on account of the pain and deformity. In certain other cases an accumulation of much fat in the person, conjoined with being much on the feet, will so intensify the condition as to induce pain and interfere with locomotion. The following wood cut (fig. 3) is an impression of the sole of such a case:

Fig, 3.

Splay-foot is common among the colored people, being a skeleton peculiarity of the race. And yet, while this condition interferes with locomotion it rarely causes complaints of pain. The long heel is proverbial; and among the children bow-legs is frequent, though the opposite condition of knock-knees is not.

In the class of cases induced by the want of tone, it is debility in the tibialis anticus and posticus, flexos longus pollicis, f. l. digitorum and the muscles of the sole of the foot that allow the arch to sink, and the burden being too great for the ligaments, the internal lateral, the calcaneo-scaphoid and those on the inner, and under the plantar surface of the

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foot, they stretch. Thus the internal malleolus, the astragalus and head of the scaphoid fall downwards, and the peronei, unresisted by the tibiales, draw the outer portion of the sole upwards, and the anterior part of the foot is rotated outwards and upwards, at the medio-tarsal joint, and thus a valgus is produced. Soreness is felt in the over-taxed muscles, and pain in the unduly stretched ligaments and in the tarsal joints where the bones have found new and abnormal relations. Long exertion increases the distress. The gait is peculiar, shambling.

The treatment proposed was to raise the arch, and strengthen the supports that maintain it. The first indication being attained by keeping the patient off his feet as much as possible and by placing a pad under the tarsus, best made of super-imposed layers of sheet felt, attached to the insole of a broad, strong, heelless laced shoe, extending a little more than half way across the waist of the boot and up on the inner side. Later on in the treatment thick leather, or properly shaped spring steel with projecting flange to to fit the inner side of the arch may be substituted for the felt.

To maintain the arch the muscles holding it must be strengthened by methodical exercise, followed by rest, by massage and kneading, and possibly electricity. The leg muscles that are inserted into the tarsus, and the muscles under the sole of the foot are the ones to be developed. This may be attained by the patient systematically raising himself on tip-toe many times in succession, then resting, also walking, bare-footed, on tip-toe forwards and backwards many times, as also on the outside of the feet; and in ascending stairs to walk on the anterior part of the feet. This may be further accomplished by a circumduction movement of the foot while the leg rests on a stool or chair in front, the ankle projecting beyond. The foot is strongly directed outwards, downwards, inwards, upwards many times. Another exercise which developes especially the tibialis anticus, is a strong adduction of the foot by the patient, while an assistant resists—placing one hand on the leg and the other against the ball of the great toe.

Cases of flat-foot that have become fixed in their abnormal relations must be broken up with the hands under an anesthetic, the anterior part of the foot being rotated inwards, forced into a more normal position—over the knee if necessary—and so retained by a gypsum bandage. The casing may be removed at the end of a fortnight and the operation repeated if necessary until the deformity is overcome and the tarsal joints movable. The gymnastics and shoes must then be used as in the milder cases. An occasional case will require an additional support in the shape of an upright steel on the outside of leg.

ARRESTED FŒTAL DEVELOPMENT.

LUKE A. HARCOURT, M. D. CHICAGO, ILLS.

Case.

On March 4, 1881, I was called to see Mrs. Collins, living on south Market street, in labor with her fifth child. Some months before she had been threatened with an abortion, having had pain and hemorrhage for several days; but rest and anodynes averted the calamity. I attended her at the time and knew she was pregnant; but did not look for her confinement so soon. An examination in the present case, found the os uteri about two-thirds dilated, the membranes protruding into the vagina; but only a membrane tumor could be felt by the finger. Thinking there might be a breech presentation, and that instrumental aid might be necessary in the delivery of the head, I went for my forceps a couple of blocks away, requesting the lady in the mean time to go to bed. Returning in a few minutes, I found her in severe pain; the membranes protruding from the vulva, and, as the pain subsided, I passed my finger beyond the tumor, which was a spina bifida, and distinctly felt the fœtal head. The os uteri being fully dilated. I ruptured the membranes at the next pain, and almost in an instant the child was swept into the world with extraordinary force. I felt the warm blood gush onto my hand, and feared I had a case of post-partum hemorrhage to deal with. A glance at the woman's face, however, banished my fears, and left me to look for some other explanation of the hemorrhage. The blood came from another source. The child and placenta came into the world simultaneously. Looking at the child, which was alive, I saw its face grow white; and a second look revealed the fact that its abdominal parieties were wanting. The anterior and part of the lateral walls of the abdoman were absent from a little above the os pubis to a little below the ensiform cartilage, leaving the abdominal viscera exposed. The intestines of course protruded, and the bladder, kidneys, stomach, and other organs could be distinctly seen and felt. The integument of the abdomen above, below, and laterally, degenerated into the membrane, and a membranous fringe from

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three-fourths of an inch to an inch and a half in width, resembling that attached to the placenta, and from which something had been irregularly torn, encircled the opening. The lower extremities formed an obtuse angle with the body; the hips projecting to one side, as if the limbs of one fœtus had been engrafted obliquely upon the trunk of another. There was spinal curvature in the lumbar region. Altogether it was something of a monstrosity. An examination of the child, the placenta, the vagina of the woman, and the bed, failed to discover the slightest trace of an umbilical cord. My impression is, that the membranes were attached directly to the child's abdomen, and were torn from it by the child's expulsion. The child lived only a few moments. The mother made a good recovery. She was not permitted to see the child until dressed; but knew there was something wrong, as no cord had been tied. She told me afterwards in explanation of this abnormal condition of things, that before she was threatened with an abortion, she had seen a man, who, falling from a scaffold, had so torn his abdomen, that the intestines protruded from the rent, the injury resulting fatally in a few hours. The shock that she received at the time, caused as she supposed, an arrest of fœtal developement, giving rise to the condition mentioned. When called to the case, I was in attendance upon another lady, whose labor was tedious. and to whom I was anxious to return; hence my examination of the fœtus before leaving was not as thorough as it ought to, and otherwise would have been. On my return the child was dressed and the after birth destroyed. In the interest of science, I tried to get the child offering to charge nothing for my services if they would give it me; but while the father seemed to appreciate my motives, he said the mother would not listen to the proposition under any circumstances. Had I secured it, I should have written up the case long ago, and exhibited the fœtus to the society.

Case II.—was one of imperfect or arrested developement of the cranial vault, a part of the temporal, parietal, temporal, and occipital bones being wanting. The essential part of the head—the brain—was present, it and its membranes being intact. The face was broad and flat, the nose flattened, the eyes small, round and protruding—probably from pressure upon the brain during labor. Every feature was distorted and repulsive in the extreme; the countenance resembling in some measure that of a hog. The mother's explanation was that sometime after conception, she came suddenly where hogs were being butchered, and was startled, hence the result.

Case III.—was the child of a woman, who while pregnant, had witnessed injuries received by her husband, became alarmed and excited in consequence, and at the birth of the child, on his neck and between his shoulders, was a mark the exact counterpart of the injury sustained by its father. A triangular space, extending from the occiput downwards between the shoulders was covered with a reddish membrane, presenting in miniature, the appearance of the father's neck when seen by the mother. Reddish spots were scattered about the back and shoulders, corresponding to the blood stains on the father. These three cases came under my personal observation, and the facts are truthfully given. Whether the maternal impressions and the subsequent morbid developements stand in the relation of cause and effect; or were mere coincidences, it is not my province to determine; but they seem to confirm the belief, entertained by many, that Jacob knew whereof he bargained, when he agreed with Laban to take as his hire all of the brown lambs and speckled goats and cattle born after a given date.

A CASE OF VENTRAL HERNIA WITH PATHOLOGICAL SPECIMEN.

BY WM. L. AXFORD.

It is my privilege to present before the society this evening a pathological specimen removed, post mortem, from a very interesting case, which for a long period of time had been the subject of considerable doubt to a number of physicians. The history of the case is as follows:

F. B., aged 56, weight 340 pounds, an enormously large and fleshy man, had been troubled for the past twenty years with a tumor situated above and to the left of the umblicus—did not know any cause for its appearance, which was at first that of a slowly growing tumor. He wore a pad for a number of years, and in this way was able to keep the mass within bounds; but during the past five years it became unbearable, and had been a constant source of trouble, dating back to a severe attack of constipation followed by severe vomiting. In fact, so near as I can learn, at that time he had all the symptoms of a strangulated hernia. Two years before death, another strangulation occurred, and at that time, it was my good fortune to see him. In each instance the symptoms of strangulation seem to have subsided under the use of opiates, with rest in bed. In the intervals, the patient had weekly at-

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tacks of what was described as a hardening of the mass; at such times it would increase to an enormous size, include the umbilicus in the swelling, and become extremely painful; but he did not vomit. He would go immediately to bed, and after a day or two of rest it would subside. When I first saw the case, at the time it was strangulated for the second time, the tumor was almost the size of an actual head—hard and tense, but resilient to the touch. Percussion gave dullness over the upper and left part of the mass, while over the lower two-thirds the percussion note was tympanitic. A variety of diagnoses had been made by a number of physicians; tumors of various kinds—particularly fatty tumors—hernia, hernia with fatty, etc., etc. The physician who first treated the case evidently took it for hernia, as he treated it by a pad, and controlled it for a long time. For my own part, I believed it to be a ventral hernia, containing both intestines and omentum—thinking that the dullness over the left and upper part could be well accounted for by supposing that so large and obese a man would naturally have a thick, fatty omentum, which, from its anatatomical relations, could easily occupy the left and upper portion of the hernial sac. Two years later, I received an invitation to assist at the autopsy, the patient having died with symptoms similar to those of the two previous occasions. I now have the pleasure of presenting to you the sac of the hernia. No omentum was found in the sac; it contained small intestines only.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

Stated meeting, Saturday, March 1, Dr. Dudley in the chair.

Dr. Steele presented a paper on "Flat-foot." (See paper.)

Dr. Steele, at the close of his remarks, exhibited four impressions of flat feet, which had been taken by the simple process of making the subject press his foot in some blacking and then on white paper. He also exhibited the skeleton of a foot, and remarked: "I have here the bones of a foot, jointed by catgut. As it rests thus, the bones naturally come into their proper positions; but when the catgut is drawn upon, the prominent arch of the foot is inside. Now, if I throw this arch downward, rotation immediately takes place; and the foot is everted, turned outwards; and thus we have the the splay foot. The idea is to support the arch with a piece of felt. This, I show you, is boiler felt. It is not firm enough though, for this purpose. The best felt is to be obtained at the saddlers. Say saddle-cloth. The piano-forte makers use a quality which is very good. The felt used in hats would hardly do, yet a felt pad of this kind will sustain the arch without giving pain to the patient. As it becomes packed, from time to time another piece is interposed, until the arch is held up in its proper place. In the course of time use may be made of a piece of sole leather, or a steel pad, or hard rubber. The steel pad that I spoke of has been used in this country for quite a number of years; but, last spring, an instrument maker in the west end of London exhibited it to me as a new and great discovery. We excel them in this country, in regard to treatment of such cases.

Dr. Dean.—It is an interesting fact, in connection with congenital flat foot, that it is an exaggerated condition of the normal foot. At the time of birth, children are usually born with flat foot, also with feet more or less supinated, the latter being caused by pressure in consequnce of the constrained position of the fœtus in the womb; and the feet assume flatness by the shape and condition of the bones; so that the feet can be brought closely together as can the hands. Another interesting fact is that the arch of the foot of an infant is only acquired by physiological use, and if the pressure existing at time of learning to walk should become at any time too great, the pathological waste is such that the usual arch of the foot may never be acquired.

Dr. Borck.—In regard to the theory of flat foot, the doctor told us all that is necessary. I merely suggest that though a pad such as he uses does very well, whether, of felt or of leather. But, a pad made of English willow-wood is soft and nice and can be worn very well by a patient. I have employed that; but the best pad, that I think can be used, is one made of glass. Glass is smooth and does not irritate the skin; it can be kept clean readily, and does not absorb moisture. The patient can walk upon it beautifully. I have little boys walking about now with such pads, which they slip into their shoes. Glass-blowers will make them to order.

Dr. Weisenbach—Dr. Steele's paper is very exhaustive in regard to the pathology of this affliction. I, however expected that he would speak of a procedure lately introduced into surgical practice, for the correction of flat-foot, which is known as Ogston's opertion. In January he read a paper before the

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London Medical Society, in which he reported a series of cases, in which he had operated for flat foot, which operation as far as I know, as yet has not been performed, in this country. As the doctor very clearly stated, this condition pathologically exists in the metatarsal articulation, and the head of the astragalus becomes, as it were, dislocated, and the scaphoid articulation is gradually pressed downward into the sole of the foot. The operation referred to is something like this: Ogston makes an incision, commencing at the anterior malleolus, extending forward an inch and a quarter or so, laying bare from the sole of the foot, to over the middle of the astragulo-scaphoid articulation. He then opens the joint from the half inch which has already exposed the cartilage of the astragulo-scaphoid articulation, down to the calcilar structure. He then strongly twists the foot, placing it in the position he wishes it to occupy, as near the normal arch as possible. Then he drills two holes through the scaphoid astragalus and drives ivory pegs into these holes, virtually pinning the articulation together. The pins are next cut off and the wound closed with a catgut suture, and dressed antiseptically. The foot is then placed in a plaster bandage, and the patient placed on his back for two or three months. After the lapse of this time the patient can get up and walk very well. He has operated seventeen times on ten patients; and he states, that in a few cases there was complete restoration of the arch of the foot with concomitant natural elasticity to the arch; and that in the other cases there was marked improvement. This certainly is a very great step in advance in this operation, and in the present state of antiseptic surgery it is an operation which is perfectly justifiable. Although it seemed that in the inveterate cases of flat foot enumerated by the doctor, improvement had taken place by the massage and a pad. Yet these means would hardly restore the integrity of the joint. Of course the astragulo-scaphoid articulation in this operation is anchylosed. This gives a condition, strengthening the arch, and leaves springiness enough to favor a light and easy movement.

Dr. Borck.—If I understand Dr. Steele's paper correctly, he does not mean to speak of any such flat feet as Dr. Weisenbach mentions. They are all cases of anchylosis which cannot be remedied otherwise. Dr. Steele speaks of cases of flat foot in young children, up to the age of ten or twelve years. I think the operation would be appropriate and justfiable in such old cases; but I do not think it would be justifiable on a young child—no matter how well your antiseptic treatment answers the purpose. There is no need of it. I never saw a case, and I have treated a good many, that could not be remedied by mechanical appliances. No operation, whatever, is required, except in anchylosed cases, which cannot be treated by any other means. Before the ages of ten or twelve the bones are not fully developed. I don't think the London gentleman ever performed this operation on young people.

Dr. Hughes.—Flat foot evidently results from deficient innervation, as well as overstrained and relaxed ligaments. If the arm be outstretched and a weight be placed in the hand, ever so light a weight, and that position be maintained for a considerable time, a condition of exhaustion will ensue as the result of exhausted innervation and the explanation of which Dr. Steele has given as one of the predisposing causes of this trouble, is, I have no doubt the rational one, viz.: That the defective innervation is the factor which results in final reclination and flat foot, which makes flat foot possible, in the very youug. I was interested in the treatment pursued; but it occurred to me that whilst a pad is particularly desirable to support the arch, and whilst there can be no objection to the therapeutics indicated in throwing the weight upon the anterior terminus of the arch by walking on the toes, it might also be sound therapy in orthopedics, to use an elevated heel in conjunction with the pad to throw the weight of the body continually on the anterior terminus of the arch of the foot, support and press up the posterior terminus, by this means restoring the innervation, the gastrocnemii, and the achilles tendon and favoring the reaquisition of lost tone at this end of the arch and keeping the bones compactly together.

Dr. Steele.—Throwing the weight of the body upon the anterior part of the arch is what I wish to accomplish, therefore I suggest walking on tip-toe, and when going upstairs not to place the foot down flat, in order to develop the muscles that are attached to the posterior part of the arch and the arch; but, if the heel is raised above the sole, it is the heel then that is supporting the posterior part of the arch, and not the muscles which we want to strengthen by giving them use. Of course, these muscles have been overtaxed. They require rest. These gymnastics of which I speak are intermittent. They must be followed by rest. The patient walks a certain number of times across the floor on tiptoe, and then rests. If we were to depend upon Dr. Hughes' high heel to elevate the posterior

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part of the sole, such exercise would not strengthen the muscles, as we wish that they should be strengthened, so that they can sustain the arch and give the foot its normal shape; but the muscles alone cannot pull the arch up; because the bones of the leg resist them. If the bones of the leg were on the extreme of two arches, like the two ends of a bridge, all would be very well. The muscles would then support the arch and maintain it in its position. The muscles would join alongside of the bones, and resist the action of the tibia and bones of the leg, but the tibialis anticus will rotate the foot in any direction, if you keep it it in its proper position, and if the leg muscles will maintain the proper relations of the foot to the leg, that is what is required. When the foot has this proper position, it will not be flat. When they are is a proper position, the muscles are sustained by the pad until these ligaments shall have shortened again and adapted themselves to the arch. In regard to the glass pad suggested. I believe it would be very appropriate indeed; but I don't know that its a question of roughness or smoothness. Given that glass is smoother, but it is a hard substance and hardness is the quality of which patients complain. They like something a little soft, and partially elastic; until in time you can substitute a hard pad. It is quite easy when the arch is elevated, to interpolate another piece of felt and so raise it higher and higher. If the material employed be glass, it seems to me, a series of them would have to employed and successively one must be substituted for another. However, the suggestion may be a very good one, indeed, I shall try it. I saw a notice of Ogston's operation and although quite familiar with the operation of removing a part of the tarsus for club-foot of all kinds, I do not very much approve of the operation, especially, since Listerism is so very much used. Dr. Davis, of Westminster Hospital, operated in my presence, and showed me a number of cases on which he had operated by removing a portion of the tarsus for club-foot. They were very successful indeed, I think, only one in twenty cases died directly from the operation, I am sure that Dr. Ogston and others perform this operation only in old and aggravated cases. Am quite positive that it has not been been suggested, to perform it on a child or young person. In such cases the operation would not be called for or even justifiable. I do believe, however, in using the force of the hands to bring the foot into proper position, and then thus confining it by a plaster bandage; repeating this operation if necessary, until you get the foot into its natural position. I am especially opposed to any division of the tendons or cutting in any way, provided the object can be accomplished by manual manipulation; and whilst, under the influence of chloroform, we can do much, but it requires perseverance. Surgeons are in too great haste to accomplish brilliant results. Here's a deformed foot; in two week's time there is a straightened one. By what means has it been accomplished? The tendons of the foot have been divided; and by this division of these tendons has but weakened every muscle, the tendon is shortened, if again divided it will shorten as before; but there will be a limit to this shortening. I have seen straight feet that have been clubbed; and they would hang like a wet rag; they dangled, the tendons having been divided so often. If we can obtain a satisfactory result in the form of an improved shape of the foot we shall endeavor to accomplish it. I believe that Ogston's operation is limited to that tarsal portion where the bones are fixed in their position. I did not intend to speak of flat foot in all its departments; but rather of those cases in which there is weakening and debility of the muscles and ligaments, which cases are of the most frequent occurrence in private as with dispensary practice, and in which the gymnastic practice of which I speak would be available. The patient sits upon a chair, with his leg on another chair or stool in front and the foot moved upwards, inwards and in every other direction, in order to exercise the muscles attached to the tarsus. Then there is the exercise of the adductors of the foot, the leg being held by the surgeon, or his assistant, and the patient moving his leg in various directions. Dr. Sea reports a case where a flat foot patient came to his office on crutches in great pain. He was just crossing the sill of the door, when the doctor called to him "stop right there where you are!" A smile came over the face of the patient; his pain was relieved. The arch of his foot was supported in approximately its normal position, by the door sill, and he exclaimed, "If I thought I was as well as I feel, I certainly should not have come to you, doctor." The doctor then told him to "Come across the room," and the moment his foot left the door-sill his pain, of course, came back.

Dr. Lutz.—What role does the plantar fascia play in this affection? What can be accomplished by its division? I wish to say before that question is answered, that the suggestion of Dr. Hughes would revolt against the idea of receiving that support of the

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string of the bow, which the plantar fascia is to the arch, if the heel is elevated. I would like Dr. Steele to explain the relation of the plantar fascia in connection with flat foot.

Dr. Steele.—The function of a ligament on the sole of the foot is to maintain the arch of the foot more than it is the muscles. I would not care to divide it; but in case it was already too long, by keeping the arch sustained long enough the ligaments that had been lengthed might become shortened and adapt themselves to a normal position; the muscles being strenghened, they might be able to retain the arch; but that pad would have to be worn for a very long time. I knew a gentleman, now in this city, who is now wearing them with comfort. I recognize the importance of the plantar ligaments and muscles.

Dr, Dean.—The agency of the threshold and the relief experienced after the sill was put underfoot, and the relief such patients continue to feel while the foot is so maintained, these afford sufficient evidence that such treatment is valuable; but it must be remembered that the arch and bones are somewhat displaced; that they need, not only to be replaced, but also to be resplinted to the arch. A pad of a stiff, thick character referred to, serves as a splint; and then the tibialis anticus, instead of being over exerted, if the foot is turned a little inside or outside, is relieved. It also affords rest.

Dr. Atwood.—During the discussion it has occurred to me that possibly you might get rid of felt or glass pads, and other appliances, which serve to push the arch upwards, by adopting some modification of the present fashionable ladies' French heeled shoe; making the heel not too high, and broad enough to support the whole heel of the foot and so arranged as to push up the arch, allowing the heel to fall rather than to rest and the toes to bear completely upon the ground. It seems to me, that mechanical appliances can be adapted so as to assist in expediting an altered position or diseased condition of the bones of the foot, the pressure permitted, being adapted to the age and weight of the patient. It appears to me that the pressure obtained from a flexible shoe made in this manner would be applicable, if not more so, than the pressure exercised by a pad formed of felt or glass and placed inside the shoe.

Dr. Hurt.—I suppose the objection is, that mentioned by Dr. Steele, that leather is not sufficiently elastic in the commencement of the treatment. It would cause pain. The remedy proposed by Dr. Atwood could be accomplished by a last which might be so constructed as to give that pressure to the instep which is supplied by the felt pad under Dr. Steele's treatment; but it would have the objection that the treatment would be too radical, as it were. The change in the position of the parts would be too sudden; and it would consequently cause pain in some cases. In cases where the relaxation is quite recent—a sprain; debility, or an adverse condition of the tendons and fascia, then that might be very satisfactory treatment. Just to treat the case by a modification of one part of the shoe corresponding with the surface of the foot and instep. I think, that the suggestion made by Dr. Steele, in his paper to-night, ought to be profitable to most of us, and to all medical practitioners who are called upon and consulted so frequently by parents, on account of slight deviations of the foot to the outer side in young children about the time they commence to walk; children that have been well nourished in a certain sense, and have grown quite adipose during the season of nursing are not always sufficiently developed in the tendons and fascia of the feet to sustain their weight. The result is that there is a disposition to flat foot. The fact is, that it is a continuation of and an aggravation to which Dr. Steele referred, a condition which seems to be natural with the newborn infant.

Dr. Hughes.—I ever I have splay feet I'll call on Dr. Steele to remove that difficulty; but I'll ask him as a special favor to me, to elevate the heel slightly, and besides ask him to electrize the gastrocnemii muscles so as to restore as soon as possible their tone, that they may sustain the posterior end of the foot arch while he keeps the excellent pad he proposes well in place to sustain the form of the foot. The tension on the string of the bow (the plantar fascia) is relieved by Dr. Steele's pad and by the heel support. The upward heel pressure would tend to keep the bones of the arch compactly together thus antagonizing the weight above and throwing it on the anterior end of the arch. The felt pad device of the doctor's also sustaining the form of the arch. As regards atrophy of the gastrocnemii muscle they will not become atrophied if electrization or massage is used. I know that the doctor treats these cases very successfully; but I believe he would cure them in a shorter time if the other device was added, and the heel supported. These is nothing in the construction of the joint to forbid it. The only obstacle that I can see is that the patient would possibly have corns on the foot before if he wore a tight or ill-fitting shoe.

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DR. DEAN.—If you will observe this foot, an articulated anatomical,specimen more carefully, I think you will be convinced that there are only two parts of the arch upon which it will rest; these are the two extreme points. It does not matter what the shape is or what the rest will be of that portion of the calcaneum.

DR. HUGHES.—Any measure is good which antagonizes this tendency of the bones to spread under the super-imposed pressure, and pressurefrom underneath if not counteracted at the ends of the arch would have the tendency to separate as well as support the os calcaneum, the scaphoid,the trapezium,etc., but in fact the stiff counter in the heel of the shoe prevents the spreading of the bones of the plantar arch from the upward pad pressure.

DR. DEAN, in reply said.—If left so elevated, you change the articulation. The astragalus would be materially changed from what it is in its normal condition and will return again when you take away the high heel and bring the foot into its normal position.

DR. ATWOOD.—This question has a political aspect about it in regard to miscegenation. It is the duty of the physicians of the nineteenth century to prevent disease as much as possible. From the evidence it would seem that if there is a mingling of the Caucasian and the African races flat feet will predominate.

DR. STEELE.—Disapproves of the defective fitting of mechanical appliances for the cure of deformities which are made by instrument-makers who are ignorant of pathology; the circumstance that the colored race are subject to flat foot was one of very much interest indeed.

DR. DEAN.—With reference to tenotomy I have an acquaintance who has quite a penchant for cutting tendons. According to the my observation the section has done great harm, and did no good. I cannot now recall one single instance in which a particle of good has been accomplished by this operation.

DR. HUGHES.—I have now two cases under observation of tenotomy for spasmodic retractions, in one of which eight tendons were cut, and the result the patient remained in bed ten weeks and was never benefitted,the movements persisted, more intensified, after the operation than before. Surgeons ought to be extremely careful in regard to cases. I know one instance where tenotomy was performed for athetosis.

BOOK NOTICES.

ON THE PATHOLOGY AND TREATMENT OF GONORRHŒA. By. J. L. Milton, Senior Surgeon to St. Johns Hospital for Diseases of the Skin, London. Fifth Edition, Wm. Wood & Co. New York.

This is the February 1884, number of Woods Standard Library of Medical Authors, and the publishers are certainly to be complimented for offering in this cheap form such a common-sense book on such a subject of every day occurrence. Open the book where we will—whether on the history of the affection, the pathology or treatment we find the most perfect honesty of representation in a style that is as inimitable as the author's independence. Apart from its value as a guide to practice we can heartily recommend it to all beginning the study of medicine as a mental exercise. The laudable manner in which senseless measures are disposed of after they have been fairly represented makes it a pleasure to read the book. The author does not lay claim to long years of experience but he certainly has put in what is a hundred fold better a large amount of minute and practical observations. Having been often annoyed with the strict diet which so many insist on we were especially pleased to read: when speaking of the treatment of orchitis, a light warm diet is advisable, starvation being useless as well as hurtful; and the patient should, therefore, be allowed to make himself comfortable on a good basin of mutton or chicken broth and a little arrow-root with a glass of old port in it, and I have even known many patients to be all the better next morning for a good glass of whisky and hot water over night. I therefore, always suggest a fair amount of such stimulants for the first night or two."

LEGAL MEDICINE, by Charles Meymoth Tidy, M. B., F. C. S., Master of Surgery, Professor of Chemistry and of Forensic Medicine at the London Hospital, etc. Wm. Wood & Co., New York.

This Volume is the first of the series for 1884. The book is of course well known and appreciated, and this part constitutes the lectures which were delivered on the subject at the London Hospital during the summer session of 1882. It embraces the following subjects : Legitimacy and Paternity, Pregnancy, Abortion, Rape, Indecent Exposure, Sodomy, Bestiality, Live Birth, Infanticide, Asphyxia, Drowning, Hanging, Strangulation and Suffocation. The general principles involved in the various subjects named are first discussed

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and in a separate section the cases which illustrate the principles are narrated.

THE ARCHIVES OF DENTISTRY is the title of of a new journal which appears as the successor of the Missouri Dental Journal.

The first number contains original articles by several eminent writers on dentistry, society reports, and a large amount of editorial, selected and miscellaneous matter, cover- in all forty-eight pages. It is published monthly by J. H. Chambers & Co., of St. Louis, Chicago, and Atlanta, for the Dental Journal Association. The price is $2.00 for 1884, and $3.00 each year after. We commend it to all interested in dentistry as the very best publication of its kind.

BOOKS AND PAMPHLETS RECEIVED.

SPINAL IRRITATION; Probable origin of the symptoms sometimes classified under this head, by G. L. Waton, M. D. Rep. from the Boston Med. and Surgical Journal, Dec. 27, 1883.

NEGLECT OF EAR SYMPTOMS in the diagnosis of diseases of the nervous system, by G. L. Walton, M. D. Rep. from Jour. of Nervous and Mental Diseases, Vol. X, No. 4, Oct., 1883.

CORRESPONDENCE.

To the Editor of the Review.—In answer to a correspondent of "forty years practice," who inquires into the difference in the meaning of the words "infection and contagion," you say "no great difficulty will arise from using them as practical synonyms." Difficulty and misunderstanding does, however, arise from the indiscriminate use of these words and in the insufficiency of our terminology we cannot afford to allow these two words to merge into one. I admit that in Dunglison's time these words were generally used synonymously.

When Virchow introduced the word "infection" into general use it originally meant to comprise those processes which have in common the property of propagation and that of producing a dyscrasia, that is they affect the body as a whole, not that the noxious substance is located in this or that place and there acts locally, but that it produces in the whole body further changes which act deleteriously on the general health.

Formerly we had in mind chemical agents. Since the introduction of bacilli we connect them with the idea of infection. But there are diseases produced by bacilli, which are contagious and not infectious. As a type of these we may consider the disease produced by a mould, the Aspergillus. The mould acts locally where it grows. We may even refer to favus or scabies as types of contagious diseases. On the other hand again, malaria is type of an infectious disease. Virchow has therefore, recently proposed in a discussion, which I propose to cite at length in the Courier of Medicine, to divide the diseases produced by bacilli, into two classes, differing in the fact that in the one the bacilli act locally, while in the other in addition the bacteria secrete a poison so to speak, which acts noxiously on the system at large, producing a constitutional taint; and besides in that the one there is no immunity to reinoculation while in the other there probably is. We think that in the present state of the science of medicine, which is constantly enriched with new discoveries and views, we should preserve this distinction between these two words.

DR. H. W. HERMANN.

ITEMS.

The regular St. Louis Colleges graduated at their recent commencements one hundred and sixty-two students.

The third German Medical Congress (Congress für Innere Medicin) will be held in Berlin, under the presidency of Prof. Frerichs, from April 21 to 24.

The St. Louis College of Pharmacy commencement took place March 12; an address was delivered by Rabbi S. H. Sonneschein, and other appropriate exercises were held. Forty-two students were graduated.

The Little Rock, Ark., Medical College held its commencement on March 3. Addresses were made by Mr. Wm. S. Curry, Gov. Berry, Dr. W. W. Hipolite, and Dr. J. J. McAlmont. The graduates numbered thirteen. An honory degree was conferred upon James A. Dibrell, Sr., M. D. of Van Buren, Ark.

The commencement of the Memphis Hospital Medical College took place February 29. The students salutatory was delivered by B. L. Stovall, and Hon. R. J. Morgan delivered an address. Dr. G. W. Overall spoke in behalf of the faculy in an eloquent and able manner; Dr. Overall is Prof. of Physiology and Diseases of the Nervous System, and though still a young man has made a fine reputation as a lecturer. The student's valedictory was delivered by Dr. J. H. Jones. Number of students graduated, 23.

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THE WEEKLY MEDICAL REVIEW.

VOL. IX. NO. 12. CHICAGO AND ST. LOUIS, MARCH 22, 1884. TERMS: $3 A YEAR.

PAUPER LUNATICS AND DENSITY OF POPULATION.—The Twenty-fifth Annual Report of the General Board of Commissioners in Lunacy for Scotland, concludes with respect to the subject that: A larger number of persons annually become pauper lunatics in urban than in rural localities. Pauper lunatics in urban localities remain pauper lunatics for shorter periods than in rural localities.

Pauper lunatics in urban districts remain pauper lunatics for shorter periods than in urban localities.

The excess in admissions to urban asylums is due to the fact that the patients who make up such excess are of mainly, such as would not be sent to asylums in rural districts. They are divisible into two classes: 1. Those laboring under curable insanity of short duration. 2. Persons placed in asylums perhaps on account of the exigencies of urban life making removal from home necessary so long as their disease manifests itself in an acute form. There is reason to believe that the statistics of pauper lunacy are the result of causes similar to those which affect the statistics of pauperism. The statistics of pauper lunacy cannot be taken as an indication of the amount of insanity in the country.

DEATHS FROM ANÆSTHETICS in Great Britain (Brit. Med. Jour.), during 1883, as reported in the journals number thirteen in all. Eleven of these were the result of chloroform administration, one from a mixture of ether and chloroform, and one from nitrous oxide. Dr. Ernest H. Jacobs, who gathered these statistics says: "The list of deaths this year is remarkably small, and ether does not figure as a cause, except in one case, when given mixed with chloroform. The operations for which the anæsthetic was given were of the usual trivial nature, one case only being of any gravity, and in that the death may fairly be put down to the vomiting and consequent asphyxia by foreign matter in the trachea, rather than to the specific action of the anæsthetic. The fewness of the cases is a matter of sincere congratulation, if it be due to the greater adoption of ether as the anæsthetic agent, and the consequent disuse of chloroform. Deaths from the use of nitrous oxide are so rare, that we have almost got to look on it as absolutely without danger. In the case above mentioned, the patient appears to have died from syncope in the manner most usual in deaths from chloroform." It appears from Dr. Jacobs' report that all of these deaths occurred in hospital practice; it is, therefore, presumable that the administration of the anæsthetic was not by unskillful hands, and that no amount of carefulness will prevent deaths from chloroform. It is not probable that the deaths from anæsthetics were all confined to hospital practice; and it seems to us that in a country where the medical laws are so stringent and well enforced, the reports on so important a subject should be more full.

THE RICHMOND MEDICAL COLLEGE appears to be anxious to get down to the level of the Louisville Medical School. A bill has been introduced into the Virginia Legislature appropriating an annuity of $7,500 to the College. In return each member of the Legislature is to have the privilege of appointing a student who shall receive free tuition. Whilst the Virginia Legislature is about it, it might as well make appropriations for educating gratuitously lawyers, preachers, engineers, etc. Medical education in this country is not

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so expensive as to be beyond the means of any one who is earnest in the desire to study medicine; nor is the demand for doctors so great as to necessitate State aid to increase the number. We have even heard it whispered that there are already too many colleges and more than enough doctors..

THE LOUISVILLE MEDICAL COLLEGE has relapsed into its old tricks. This school—which must not be confounded with the University of Louisville—was convicted some years since of drumming up students by means of so-called beneficiary scholarships. After a thorough exposure the college promised to give up the reprehensible practice, and as an evidence of reformation joined the Association of Medical Colleges. But it appears that under the guise of virtue it has continued its career of prostitution. A recent issue of the American Practitioner contains a supplement by Dr. David Yandell, of Louisville, in which he again convicts the before mentioned institution of its former scandalous conduct. The evidence produced by Dr. Yandell is so convincing as to leave no doubt that the individual members of the faculty of the Louisville Medical College have been writing to medical students in various States, soliciting them to attend that school,and offering tuition at a greatly reduced rate under the very thin disguise of beneficiary scholarships.The letters published by Dr. Yandell—and he states he has more of them from the same sources—are of a character which would disgrace any respectable school; they are filled with vainglorious boasts, puffs of the Louisville concern, and insinuations as to the worthlessness of rival colleges. It is to be hoped that this exposé will be effective in either suppressing the Louisville Medical College, or forcing it to alter its course.

HYGIENE OF THE EAR.—In an article of considerable length a specialist in the east recommends among other things that the mouth should be opened when a cannon is being fired so as to allow the concussion to act simultaneously on both sides of the membrane of the drum at the same time. Would it not be well to ask the man to delay the discharge of the cannon until the bystanders ascertained the condition of their nasal passages and eustachian tubes? If they are normal there will be no need of opening the mouth, whereas, if the eustachian tubes are closed, there will be no advantage in opening the mouth. The fact is if the ear and throat are in a normal physiological condition, the ear requires no special attention at all in order to conserve the best hearing power possible, but if either, or both, are laboring under a disadvantage the individual thus afflicted requires the personal attention of one capable of pointing out the chief cause of difficulty, and of personally instructing the sufferer to supplement his efforts. Those devoting special attention to the ears constantly witness defects of long standing that have become practically irremediable, whereas if an earlier attention had been given to the difficulty it would readily have vanished.

THE CLINICAL ASPECTS OF CEREBRAL SYPHILIS forms the subject of a very instructive paper by Dr. H. C. Wood in the Boston Med. and Surg. Journal. After showing how reasonable it is that the mode of onset and character of a palsy due to syphilis should exhibit any variety of form but that the seat of election is in the base of the brain and consequently the rapidly appearing strabismus, ptosis, dilated pupil or any paralytic eye symptom in the adult is usually of a syphilitic nature, he says: There is one peculiarity about specific palsies, namely, "temporary, transient, fugitive, varying character and seat. Thus an arm may be weak to-day, strong to-morrow, and the next day feeble again, or the recovered arm may retain its power, and a leg fail in its stead. These transient palsies are much more apt to involve large than small brain territories. The explanation of their largeness, fugitiveness, and incompleteness is that they are not directly due to clots or other structural changes, but to congestions of the brain tissues in the neighborhood of gummatous exudations.

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It is easily seen why a squint will remain when the accompanying monoplegia disappears.

Motor palsies are more frequent than sensory affections in syphilis, but hemianæsthesia, localized anæsthetic tracts, indeed any form of sensory paralysis, may occur. Numbness, formications, all varieties of paræsthesia are frequently felt in the face, body, or extremities. Violent peripheral neuralgic pains are rare, and generally when present denote neuritis. Professor Huguenin, however, reports a case in which a severe trigeminal anæsthesia dolorosa had existed during life, as the only cerebral symptom, and death occurring from lung disease, a small gumma was found on the sella turcica pressing upon the gasserian ganglion.

Further on he recalls the fact that right-sided palsy and aphasia are united in syphilitic as in other disorders, but on the authority of Tanowsky, he says syphilitic aphasia is associated with left-sided hemiplegia in a most extraordinary large proportion and concludes that the conjoint existence of left hemiplegia and aphasia is almost diagnostic of cerebral syphilis.

On the question of epilepsy he quotes Fournier with marked appreciation as follows: "True epilepsy never makes its first appearance in adult life. If a man above 30, 35 or 40 years of age has for the first time been seized with an attack of epilepsy, and that too having been previously in apparent health. There is, I repeat, eight or nine chances out of ten that the epilepsy is of a syphilitic origin."

He justly calls attention to the all important and sometimes only means of diagnosing a syphilitic affection of the brain, namely, by studying its amenability to antisyphilitic treatment, but regards the following prominent symptoms as diagnostic of pseudo-general paralysis: The occurrence of headaches worse at night. An early persistent insomnia or somnolence; early epileptiform attacks.

The exaltation being less marked, less persistent, and, perhaps, less associated with general maniacal restlessness and excitement.

The articulation being paralytic rather than paretic.

The absence of tremulousness, especially of the upper lip (Fournier); and concludes with the following; I may state that it must be considered as at present proven that syphilis may produce a disorder whose symptoms and lesions do not differ from those of general paralysis; that true paralysis is very frequent in the syphilitic; that the only perceptible difference is one of curability; that the curable sclerosis may change into or be followed by the incurable form of the disease.

GLUCOSE IN COMMERCIAL SUGAR is the subject of a thesis by Mr. R. H. Smiley (St. Louis Druggist). He found, on analysis of the several varieties of sugar given below, the following percentages of anhydrous glucose in 100 parts of samples:

No. 1, powdered white sugar	0.19
No. 2, granulated sugar	0.47
No. 3, brown sugar	4.59
No. 4, white coffee sugar	5.58
No. 5, white sugar cake	15.06
No. 6, maple syrup	25.24
No. 7, rock candy	0.64
No. 8, light-brown sugar	0.77

These were all the samples tested, and as a result every one showed the glucose reaction with the percentage as indicated above. Some contained it in sufficient quantity to result in fermenting as soon as made into solution, while other samples contained it in such small quantity that they could not be considered adulterated products; the presence of glucose being due to the process of refining, which always inverts some of the cane into sugar, and owing to some deficiency is not excluded from all varieties, but traces of different amounts are left behind, as shown in this investigation. In regard to the maple syrup analyzed it may be stated that the percentage, 25.24, represents the total amount of saccharoid matter in the syrup, and consequently it contained no maple sugar whatever, but was exclusively composed of glucose.

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REMARKABLE VALUE (?) OF THE THERMOMETER.—Notwithstanding the fact that the best observers have declared themselves in favor of the simple form of thermometer, M. Constantin Paul has just devised one enclosed in a tube; attaching a rubber bulb to the end of the tube and by partially exhausting the tube of air the thermometer is made to adhere to the part to which it is applied. We are told that when this instrument is applied over the hypogastric region of a woman in labor it will show by a registration of 35° C. "the instant when it is necessary to send for the doctor." Bravo, thermometer!

Ordinary observation would suggest that the suction produced to retain the thermometer in place would cause a hyperæmia of the parts and make the instrument absolutely unreliable.

PLAIN EVERY-DAY SENSE IN THE LYING-IN ROOM.—We are glad to quote below the advise of an "old sage in the profession" from a correspondence in the Medical Record. We have never yet been able to comprehend the arbitrary and we would add senseless rules which are taught to students relative to the recumbent position after labor; and although we have no statistics on hand we are satisfied that facts would justify the following advice and that the unchanged horizontal position produces more cases of puerperal fever than they prevent. "My boy," says the old sage, "I am an old man; I have practiced over fifty years, and, as you are aware, have been very successful. In regard to your labor cases, I would give you the following advice: First, as you intend practicing in the city, make a habit of leaving your forceps at your office; for if you ever require them you will always have ample time to send for them, and your not having them with you may save some woman much trouble. Second, do not examine your patient much or often. See that things are right, and then let nature manage the case. Third, instruct your patient when she desires to empty bladder or rectum, to have her night-glass conveniently placed, near the bed in a chair, and, while supporting the abdomen with her hands, to rise carefully from the bed to the stool; and to return in the same way. Her rising will allow all clots, fragments of placenta, etc., to pass from the vagina, and you will be surprised to see how few cases of puerperal fever you will be troubled with. As for its bringing on hemorrhages., that is all bosh. Let your patients keep the outside of their bodies clean, attend to the calls of nature in a common-sense way, and depend upon nature to keep the inside all right, and you will be surprised at your success in this line of practice."

THE DIAGNOSIS OF DEATH may not often be difficult, but when it does become difficult the question of a mistake is very serious. Dr. Max Buch (Central Blatt fur Nerven heil Kunde, etc., Feb. 15, '84), of Helsingfors, has given this subject his attention; and after showing that the simple response to the electric current is not always satisfactory, he recommends the following procedure: Find a good location on the body where the muscles respond to the Fardaic current, place a thermometer, the bulb being covered with a little cotton wool, and lightly pasted over the bulk of the muscles. Wait from three to five minutes, and then make the muscle contract; if the temperature is elevated by the contraction the individual still lives.

If no battery is at hand irritate the skin by pinching in the region of the thermometer, and if there is still life present an elevation of temperature will be demonstrated. Of course this method is not to be thought of where there is any sign of circulation.

THE BUSY PRACTITIONER HUMBUG is handled by Gaillard's Medical Journal in the outspoken manner characteristic of its editor: "The most widespread and, at the same time, the most transparent adulation is that offered by so many of the smaller journals to the profession, in connection with the subject of 'the busy practitioner' and 'long-winded articles.' As to 'the busy practitioner not having

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time to read long-winded articles,' such a statement is a piece of manifest 'buncombe' and silly flattery,offered to the foolish among the profession by such journals as have not the space in which to offer carefully elaborated papers. There is no physician who is too busy to read good papers. Indeed,if he is very 'busy,' he is so because he has been a careful student of such literature. What he knows he knows well, and if he reads an article, he wishes to study the subject of it. It is such careful study of the masters that makes the practitioner 'busy.' Of course there are a few medical demagogues in every community who resort to vile arts, to tricks and devices, to flattery, to covert advertising, etc., but they are not included, or worthy of being included, in any criticism. It is only to the true men of the profession that reference is here made; and these men, if 'busy,' are busy not because of having read miscellaneous paragraphs and foolish formulas, cut from medical briefs and almanacs, but because of their close study of the best papers of the best men. The reader who turns from the paper of a writer because it is'long' is on the high and brief road to idleness, worthlessness, and ruin. He has mistaken his vocation, and the sooner he gives it up the better it will be, not only for himself, but for his patients—and, above all, for his brethren. He is already a drone in the hive. Velpeau did perhaps the heaviest work of his day in hospital, in college, in clientelle, and yet in his life he wrote eighty works. Trousseau,not less faithful in active work of all kinds, was also a prolific writer. So of Sir James Simpson, Sir Henry Thompson, Sir Spencer Wells; so of Mathews, Duncan, Clarke, Williams, Roberts; so of Gross, Eve, Flint, Hammond, Thomas, Barker, Emmet, Sayre, Gouley, and a long list even in this country. They have been 'busy,' but they have read and written unceasingly; and such work it is that has made them 'busy.' When one reads, as he does every day in the smaller journals, the statement made to the average practitioner throughout the United States, the doctors of eight or ten patients daily, and many of even less, that they are too 'busy' to read long articles, but must read the little paragraphs (in such periodicals) as to what is 'good' for something, what is he to do but smile? But if he has the misfortune to be an editor,there is one other thing he can do, must do—it is to expose the silly fraud herein mentioned, and to help men to see the truth."

Treatment of Snake-Poisoning. — Sir Joseph Fayer has made a number of experiments with the poison from snake bites, and after a prolonged investigation says: "The result of my experience is that so far no physiological antidote to snake virus is known,and that when the full effect on the respiratory centres is produced, remedies are of little if any avail. Albeit, when the poison has entered in small quantities, treatment may be of service on general principles. Viewing the apparent analogy between curara and snake poisoning, death in both cases being caused by a paralysis of the respiratory apparatus, Dr. Lauder Brunton and I hoped that by artificial respiration and supporting the body temperature, we might keep an animal poisoned by snake virus alive until elimination had taken place; and the result of some experiments justified the anticipation to some extent; for animals were kept alive for many hours,but succumbed at length when the artificial respiration was withdrawn."

Whilst he encourages every rational effort to succor an individual suffering from snake poison, he says, however: "After long and repeated observation in India,and subsequently in England, I am forced to the conclusion that all the remedies hitherto regarded as antidotes are absolutely without any specific effect on the condition produced by the poison, and that such aid as we can give must depend on local and preventive treatment." Such cases as recover under constitutional treatment; we are led to infer, do so, not from any specific influence of the treatment, but rather from the supportive influence of the treatment until the poison is eliminated, or from the fact that the poison did not enter the system in sufficient quantity to produce a fatal influence in the given case.

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As to the course to adopt in a given case,he recommends as soon as possible after a person is bitten by a snake, apply a ligature made by a piece of cord or an elastic bandage around the limb about two or three inches above the bite, and render the ligature as tight as possible. Cut down on the part bitten to the depth of a quarter of an inch, and let bleed freely, or, better still, excise the punctured part. Then apply a hot iron or a live coal to the bottom of the wound as soon as possible,or inject into the subcutaneous cellular tissue a 5 per cent. solution of permanganate of potassium,or some carbolic or nitric acid. If the ligature cannot be applied to the part, still cut out and use actual cautery. Give ammonia and spirits frequently. Suction of the wound is not likely to be beneficial, and may be injurious to the operator. If symptoms of paralysis occur apply mustard poultice over the region of the heart, keep the patient warm, but do not keep him in a hot room; rather leave him in the open air. The prostration which in many cases is due to fear may arise from an otherwise harmless snake. The people, he says, should be warned against incantations and popular antidotes.

Whilst we would not for one moment be thought of as advocating a resort to mad stones and the like, yet the very argument that Sir Joseph Fayer advances above to show that fear is capable of developing an otherwise harmless case into a fatal one; so, also, it may be that those who have sufficient confidence in mad-stones and the like, may from that circumstance of faith derive enough courage to turn the scale the other side.

Relations of the Hereditary Insanities. —Dr. E. C. Spitzka (American Journal of Neurology and Psychiatry) says, respecting the various forms of insanity arising from hereditary defects, that "In examining those defective states of the human mind,which are the frequent manifestations of an hereditary transmitted taint, it is found that they may be ranged in a serial chain, whose links are constituted by different forms of mental alienation merging insensibly into one another. One end of this chain is constituted by idiocy, the other by that perversion of the intellect called primary monomania. On first sight these two conditions appear to be separated by an almost impassable chasm,and this, from a psychological as well as from a strictly somatic point of view. No greater contrast could be exhibited within the walls of an asylum than by placing side by side an idiot and a lunatic with systematized projects and delusions; on the other hand a state characterized by an utter absence of every higher mental co-ordination, on the other, one which exhibits intricate and varied associations of the mental mechanisms, analagous to those of the normal mind; there is usually noticed on the first glance at the subject, the gross anatomical defect which is in such perfect parallelism with the mental hiatus evident, here, with ordinary methods of study,may not be detected any deviation from the normal physical organization. "On examining cases of insanity, arising in the course of hereditary transmission, there are found certain groups for which it is justifiable to claim a place intermediate to that occupied by the two extreme forms. They are constituted by cases of imbecility with or without morbid impulsiveness and perversion of such mental co-ordinations as are still possible in these cases, and by others of primary delusional insanity with a prominent factor of weak-mindedness. On enquiring yet more profoundly into the mutual relations of the hereditary insanities, and including in the analysis those transmitted insanities associated with epileptic manifestations, and those with moral imbecility, it will be found that not only is there an uninterrupted single line of gradation running from idiocy to primary monomania, but that in addition, if the simile be permitted, there are numerous collateral branches springing from this parent stem at certain altitudes, and which crop out in more or less independent developments. It is therefore impossible to draw an absolute line of demarcation, between the various forms composing this series; the more extensive the observations the better recognized is the existence of transition forms, uniting into

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one great common group all the hereditary derangements of the mind."

A BILL TO PROHIBIT THE IMPORTATION AND SALE OF OPIUM has been introduced in the House of Representatives: It recites that the habit of opium-smoking among the people of the United States is spreading with frightful rapidity, under the fostering care of the Chinese; that the importation of opium has increased from 85,075 pounds in 1881 to 298,152 pounds in the year ended in June, 1883, and it is now proposed to reduce the duty thereon 20 per cent; that the habit of opium smoking once acquired cannot be overcome, and its victims will not live in any place where the drug cannot be procured, and that nearly 50 per cent of our Chinese poputionare slaves to the opium pipe, and a cessation of the importation of the drug would cause a large exodus of that people. The bill provides that the importation of opium except aqueous extracts for medicinal use, and tinctures, shall be prohibited under penalties of fine and imprisonment, and sellers, or those who knowingly aid or abet its importation or sale, shall upon conviction, be punished by a fine not exceeding $5,000, and imprisonment not exceeding five years. Opium imported, sold or offered for sale shall be declared forfeited to the government and destroyed. Severe penalties are provided for the concealment of, or connivance at, a violation of the act by government officials. As the bill only allows importation of the aqueous extract—why not the alcoholic?—and the tincture, it would deprive the profession of morphine and the various alkaloids of opium, a state of affairs which is sufficient to gain the opposition of physicians to the bill, to say nothing of manufacturing pharmacists. As a method of decreasing the Chinese population, as claimed by the author, the bill would certainly be a failure and would only result in an increased smuggling of opium. The consumption of opium as a stimulant is certainly a great evil, but not one that can be remedied by legislation, and certainly not by so foolish a bill as the one referred to above.

"CONTAGIOUS OR INFECTIOUS."—A correspondent in the last, March 15, number, misquotes an editorial article on the above subject. We would remind our correspondent that only preachers have the privilege of taking any few words they please from a text in order to preach a sermon therefrom. Our article reads, after a previous explanation: "In the present condition of things no very great difficulty will arise from using them as practical synonyms." Our correspondent cuts off the introductory modifying phrase and continues his sermon. It is in just this way that "difficulty and misunderstanding" do occur. We do not regard Dunglison as an "authority" on the question nor in fact any lexicographer. The represensative men of the time in which we move must be the only standard to which we can refer and as is necessarily the case in any living language especially where the words represent inaccurately, or incompletely, conceived ideas the signification of the words will necessarily be gradually modified. We were not aware that Virchow first introduced the word "infection." We are under the impression that it had a place in dictionaries long before Virchow was born, and the impression is not in any way modified by the correspondence. That it is desirable to have a distinct signification to the different words we are perfectly willing to advocate, but that the time for the line of demarcation will arrive only when our ideas on the subject are better defined. We leave it even to our readers to recognize this in our correspondents' own letter. He refers to "malaria" as a type of an infectious disease. Now is malaria in common medical parlance, or literature regarded as infectious? Moreover in a report of the department of agriculture of the U. S. government we have discussed, under the subject of contagious diseases, swine plague, fowl cholera, pleuro-pneumonia, etc. It will be seen from our editorial that the question as to whether it would not be desirable or not to assign a limit to the signification of the two terms. We shall not return to this subject.

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CONTRIBUTIONS.

THE WOUND TREATMENT BY PERMANENT ANTISEPTIC DRESSING.

Remarks of Dr. Edward Borck, before the St. Louis Medical Society.

MR. PRESIDENT AND GENTLEMEN.—In calling your attention to the permanent antiseptic dressing I am aware that I will not bring before you anything very new; I also full well know that the surgeon is well acquainted with all the details of an antiseptic dressing, and all those new methods that are now in use: but I do also know, that the general practitioner–the medical man –will probably not be so well acquainted with all the little details. Even the specialist can not read and does not even master all the literature in his branch; the treasury is so gigantic that it is almost impossible to know all or to read all. I will state again, that I may not bring forth anything extraordinarily new, for there is nothing new under the sun, as the old saying is. Why, even that marvelous invention of "a pad" for the treatment of flat-foot, you know is as old as Methuselah; everything else that has existed heretofore we get repeated again and again, in a different shape—in a different form.

Before going to the main subject of the permanent treatment by antiseptic dressing it is necessary to say a few words upon the antiseptic method in general, and I hold here in my hand a little work which is written by Dr. Neubert, of Kiel. It is a new work. I do not know that it has been translated, but I do know that it is a very valuable little monograph, and I wish that every practitioner could get it and read it; it would give them a great deal of instruction—a great many practical points; if they would read it with care, I feel sure that a good many would follow the method here advocated. Now I shall take this for my guide. I can not, of course, in the short space of one evening or half an hour or more, go through the whole subject. I brought this subject before the society more for the purpose of creating a discussion—to bring out those surgeons that have charge of large hospitals. Let us hear from them as regards their experience and what methods they adopt in their hospitals or in their private practice. I wish to start a "practical" discussion; I do not mean to induce a theoretical discussion as to bacteria, and whether the St. Louis bacteria have little larger tails than the New York bacteria. I do not mean any such discussion; I mean a practical discussion —a discussion based upon the experience of every one. Let us hear what they know about the subject; what has been the result of their practice. Now I can only slightly touch upon the main points and I will take for my guide this little work; I cannot translate it, but I will go along touching the points of importance, making such remarks as may occur to me, giving my own experience as far as possible. I will say for instance, to begin with, that Lister has taught us the prevention of the infection of wounds, but by his method he has not taught us that important factor which is so essential to the healing of wounds; that is the undisturbed and permanent rest of the wounds. This is very essential to the healing of wounds by first intention; for if we have not undisturbed rest then our efforts might be futile; we may not be successful in reaching that point which we desire. Then again rest alone in the treatment of wounds will not do, but we must have permanent rest and an antiseptic treatment. And now what word may be substituted for the word "antiseptic?" I say "cleanliness," that is what it means: we want cleanliness and permanent rest for our wounds. Now like everything else the original method advocated by Lister is not now in use—hardly any one follows Lister's teachings exactly in all its details, every one adopts his own methods: he leaves something out, or he adds something; he makes his own improvements and modifications, and everyone will, of course, praise his own method. One, for instance uses cotton, another jute, another gauze; then again we have turf, then we have sawdust as a dressing, we have carbolic acid, we have bichloride of mercury, salycilic acid and iodoform as antiseptics; all of which are very good; but I wish you to remember that I for one think the best antiseptic is the iodide of potassium; as you all know I use it most, internally and externally as an antiseptic. Each one has his favorite and it does not matter much which drug you employ in the antiseptic dressing; it does not matter what material you employ; but it does matter a great deal what method you do employ; the success of the treatment depends in a great measure upon the method and the carrying out of it strictly.

HERE IS A TABLE GIVING ANTISEPTIC SOLUTIONS.

3 per cent Carbolic Acid Sol. For Instruments.
5 " " " " " " Hands, Tables, Covers, etc.

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1 part of Salycl. Acid and 6 parts of Boracic Acid to 500 parts of water, for irrigation of wounds during operation.

$\frac{1}{1000}$ Bichloride of Mercury Sol. for disinfecting fresh wounds. Half the strength for chronic wounds.

8 per cent Chloride of Zinc Sol. for ulcers, septic infected wounds.

1 part of Iodoform to 7 parts of ether to clean and disinfect the skin of the patient, before the operation.

10 per cent of Carbolic Acid Gauze or Cotton as follows:

1000 C. C. - - - - -	Alcohol.
200 C. C. - - - - -	Rosin.
20 C. C. - - - - -	Castor Oil.
50 C. C. - - - - -	Carb. Acid.

This is sufficient for 500 grammes of raw gauze for cotton, 1500 c. c. Alcohol. the other, the same as above.

10 per cent Iodoform Cotton or Gauze.

50, O. - - - - - - -	Iodoform.
250 C. C. - - - - -	Ether.
1000 C. C. - - - - -	Alcohol.

For 500 grammes of cotton.

For Gauze 750 grammes Alc.; the other the same.

Now, what are the essentials of a perfect antiseptic dressing? or rather what is necessary in addition to the antiseptic dressing to produce union by first intention? Now the main points are these: Of course I will have to repeat sometimes things that are important; we all know we cannot help that. We know then, that in the first place we must see that there is a thorough stoppage or arrest of all the hemorrhage in any wound we make. This is the main point. We stop the hemorrhage thoroughly, so that there is no bleeding whatsoever. You should never close a wound unless you know that the bleeding has been thoroughly checked. In the second place we must see that the antiseptic treatment is carried out without a blemish, not half; but if you adopt a certain plan you must carry it out fully in its smallest details. Then, thirdly, we must have sufficient compression to the wound; and, fourthly, we must have energetic absorbent dressing—dressing that will energetically take up all matter that is exuded; and we must look to a well arranged drainage. Those are the points that we have to observe in the use of antiseptic dressing. Now what is the object of an antiseptic method during an operation is the question. That is the destruction of everything that may float in the air or that may adhere to the operator or his assistants, or to the instruments that may possibly produce or induce inflammation, or produce septsis or septicæmia. That is the object of an antiseptic dressing. To destroy everything that is in the air or on the instruments and all around us, no matter what it is, and you may depend upon it that a man must be a believer in antiseptic dressing to carry out everything in its full detail. Very well, then we come to the question, what is necessary, what are the preparations for an operation and for the dressing; and I will briefly say that the patient, before being brought to the hospital, or even in private practice, must be bathed; must take every day a bath one or two days before the operation, and especially the parts where the operation is to be performed; they are to be cleaned well with soap and water and then washed with ether or with a solution of bichloride of mercury; everything must be nicely cleansed so that everything is in as good a condition for the operation as possible. So with your instruments and everything else; everything must be clean and in a first-class condition. And in regard to the instruments the gentleman who wrote this book lays down the rule—at least he says, that the knives and every other instrument are to be made out of one piece; if possible they should not have handles made of wood or other material but steel; the handles of all the instruments should be made smooth and clean, nicely polished, without any roughness or depressions whatever to prevent accumulation of any dirt whatsoever. So with all the other instruments; the instruments should be kept in a solution of carbolic acid and placed in a glass vessel ready for use, and if there are more than one operation in one day by the same surgeon, the same thing is gone over again. So all the assistants have to be disinfected; and the nurses, and if more than one operation is performed in the same day this same thing is gone over again; in addition, if the operation is to be performed upon the hands or feet then we have to use brushes and graters to get the thick skin off, and we should see that the nails are well cleaned—thoroughly cleaned, etc. Then, again, in an operation on the mouth, for instance, it usually becomes necessary to remove all the tartar from the teeth; they should be cleaned off with soap and water and a solution of pot. chloras. If the operation is in the mouth all decayed teeth have to be extracted a day or two before attempting the operation. This is necessary if you wish to meet with success in your operations, especially to have healing by first intention. All these little things have to be taken into consideration. Then

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in case of an operation upon the abdomen, for instance, after the patient is washed and dressed ready for the operation, protective cloths of rubber are placed around the patient everywhere except the part which is to be operated upon. Here this drawing shows how it is done. (referred to drawing.) The patient lies upon a water bed, which is a mattress filled with warm water, and for the reason that there is more heat given off from the body than the body attracts, and that of course is detrimental to the patient, and a little more warmth is required. Now Dr. Neubert, of Kiel, who follows Esmarch, has attached a copper plate and some gas jets to his operating table so that he can produce the proper heat, or the heat he desires during an operation. And here I would call your attention to an interesting point in regard to the spray. I used to use the spray a good deal; probably some surgeons do now. I did some years ago, but now I have almost discarded the spray; I do not use it at all, except in the preparatory stage; during an operation I do not use the spray. But in his hospital the sprays in the operating room are so arranged and connected with the steam apparatus they have in the hospital, and the pipe of the steam boiler runs to the operating room and from this or connected with it are three sprays: one above, one in the middle, and one below which can be moved about by an India-rubber tube attached to them. They produce very fine sprays which can be turned off like a gas chandelier and turned on whenever they are necessary. This author thinks the spray should be used continuously. I do not think it is necessary in our hospitals. I think very likely it would not be so necessary there if there was a better arrangement. He says the pathological museum is within 200 feet of the hospital; the wash room is near by and the neighborhood around the hospital is such that there must be a great accumulation of filth, and therefore the air is so impure there, so that it becomes necessary for them to use the antiseptic spray in this manner.

Now in regard to the permanent dressing. Here is a very nice material that I want to call your attention to. Possibly we cannot get it in this country; but over there they have this kind of material—they call it turf; it is a material that lies for years and years in the earth and is dug out like coal is here and comes in different square forms. This is used as a permanent antiseptic dressing. The gentleman states that he learned of this dressing from one of his patients some years ago. This man had his arm lacerated and as he had no dressing whatever at hand he put on this turf and left it on several days, and when the doctor saw the case it was so beautifully healing the wound was so nicely granulating that he concluded to make use of this turf as a dressing and has used it since that time. Of course we all learn a great deal from men who are not professionals. You all remember my bow-legs springs. They are no invention of mine. I learned that from a very ignorant man, one who could not read nor write, many years ago, the only difference being that he used wooden springs, whereas I had mine made of steel. In the use of permanent antiseptic dressing it does not matter much what you use. I have some different kinds of dressing. I use those small pillows or bags made of antiseptic gauze and filled with Dennison's absorbent cotton; different sizes. As you see, the wound is nicely cleaned and united, then a small one is applied; over this a larger one, and then the bandages, which are all dipped into an antiseptic solution. This is allowed to remain 8, 10, 20, or even 40 days, and when the dressing is removed the wound is healed or nearly so. Now in regard to the subject of drainage. I want to speak about this for the reason that I never employ drainage tubes; certainly I would not employ the rubber drainage tubes. If there is any drainage tube to be employed in my practice it is only the glass. Though these absorbent drainage tubes may be very good I have had no experience with them, I have never used them, as I think that they are not necessary. Then another point is that you must close your wound well. Not close it superficially merely; you must make deep seated sutures; for if you merely stitch the wound together loosely, only bringing the skin together, you leave empty spaces which will allow of the accumulation of serum, and in 6, 12, and 36 hours after the operation it will accumulate there and then of course it will sink by gravitation to the lowest place where it will remain and there putrify and it may absorbed into the system and produce septicemia. You must see that that is avoided. It is not necessary to provide any drainage if you close the wound well, that is with deep-seated sutures; that is an important point. Then there is another point to which I wish to call your attention; it is something that this gentleman says is something new. I have never seen it before; it is what they call canalization. After the wound is cleansed and united and the drainage tube is inserted, then on the sides of the wound a hole is cut with an instrument similar to that which saddlers and

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shoemakers make holes in a strap, except that it is oval in shape. I do not see the object of this, and merely mention it, for some of the gentlemen present may have had experience with it, and if so I would like to know more about it. Two or three of these holes are cut on each side—as the case may be, to promote drainage. It is adding wounds to wound, and nothing more nor less than counter openings. Then there is another method of dressing a wound. It is by turning in the ends of the wound. I will illustrate that in this way. (Illustrates on blackboard). The skin is turned in and stitched through from these two points and the wound closed in this way. The object is to close the wound perfectly and prevent any empty spaces in which anything can accumulate; that is the object of this dressing. I have not tried this method. I call your attention to it as probably some of you have had experience in it. I have some antiseptic dressing here which will probably interest you. Let us take for example a simple scalp wound, a wound upon the head; there is no trouble about a simple scalp wound, any one can diagnose how deep a wound on the head is by looking at it. If it is merely a simple skin wound all that is necessary, is that the wound is cleaned; whether you put in stitches or not, matters little; it will generally heal up at once. But if the wound is so deep that the galea is cut no matter how nicely you stitch the wound, you may sew it up ever so nicely, and use in addition the antiseptic precaution, no matter how you do it, if you have not united the lower part; if the galea is not united, but the superficial part or skin only, in 99 out of 100 cases you will not succeed; in having union by first intention suppuration will take place in the space that is left below and the stitches will have to be loosened to let the matter out, healing will only take place by granulation. If you make a deep-seated suture you will get union by the first intention, if it is treated strictly antiseptically, no matter what you employ as an antiseptic dressing, observing the deep union you will find that you will be more successful. For you have closed the wound so that there is no room for accumulation of serum, if previously you have taken care to stop the blood. By using the deep-seated sutures and the permanent antiseptic dressing you can leave the wound alone until it is well and then remove the sutures. Here is a needle for deep-seated sutures, special for sutures in abdominal wounds. You see there is a small bar, a hole on one end, a fine needle on the other, they are made in pairs, and the needle of one fits in the hole of the other. They are introduced in this manner, first through the skin, adipose tissue, muscle and peritoneum, on the one side, the other from the opposite side, then locked, and fastened with an India rubber cord, after the superficial stitches are made. The advantage is this, less irritation of the wound and if any swelling takes place, they separate, by themselves, enough, to give relief and prevent tension. They must be gilded, can be made any size, may also be used for, or as peritoneal sutures. This specimen shows how applied, the one in situ, the black sutures are the superficial, the other is open, showing how the needle runs and the union of the peritoneum. They are used like the quill suture. Now for the permanent antiseptic dressing I use sometimes the sawdust pads and sometimes I use the antiseptic cotton bags. In all operations I use but very few sponges to wipe or wash. More often I use antiseptic cotton like these little pellets here, antiseptic cotton wrapped up in gauze. I also take care to apply as little water as possible to the wounds that I treat whether made accidentally or with my knife. Of course in these operations the surgeon must see to all these things himself; the assistants must be well-trained; and he must not allow any one to interfere with the operation. A great evil in operating before a class is that, notwithstanding that they are told not to touch anything, when they see blood trickling down, they are apt to pick up a sponge and dip it in the wound. Everything must be methodical and strictly carried out, if one wishes to be successful. Here is a beautiful little sponge that I have brought with me which has been dipped in a 20 per cent solution of hydrochloric acid and thoroughly cleansed. Some are in the habit of using an alkali solution to cleanse them after the acid, but that is not necessary. I have some sawdust pads or dressings made of antiseptic cloths. The sawdust is mixed with one-quarter part of fine gum arabic. Some other materials might also be used, but I use only the gum arabic and sawdust. Now I take one of these little pillows and dip it in disinfected water, and after it is soaked I put it around the part which is injured, and it makes at the same time an antiseptic dressing and a splint, and may be used for fractures. Here is one that has been used. I brought it down for the purpose of showing it. I have also some patterns here that the gentlemen can look at if they wish. I have cut them out of paper to illustrate their shape and size, as most convenient for the different parts of the body. Some are Dr. N's and some mine, they are marked

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with name and dimensions. Antiseptic dressings and splints are apt to get dirty. The best splints I think are glass splints for fracture or other injnry, and in 1878, it was at Columbia I called attention to glass splints—that they could be used as well as glass pads are for hernia, and I called especial attention to malleable glass. (The paper was widely published). I intended to have brought a glass splint this evening, but the glass works have all shut down and I could not get one. I see that Dr. Neuber, of Kiel, has manufactured, or had manufactured such glass splints to be used in fracture, and they keep clean and do not produce gangrene by pressure, do not irritate the skin. (The doctor then explained some drawings representing the position in which patients should be placed to facilitate the application of the permanent antiseptic dressing.)

Now, Mr. President, I have said I merely brought this subject up to elicit a discussion; to get the gentlemen to give their experience; but let me ask you one question if you please, in conclusion, and that is this: Are we any better off to-day with our modern treatment of wounds than our forefathers were? We often grow sarcastic and laugh at the many ointments they had, of the balsams they employed, at the many vulnerary waters they made use of; we say thank God we have not got them to-day. What have we got to-day? In our antiseptic dressing we have got as many remedies; have we not carbolic acid and thymol, and God knows what? We employ as many remedies as they did then. We have Listerine recommended for all kinds of wounds by the best surgeons as an excellent remedy. But do these things do what they promise to do? We cannot even accomplish everything with antiseptic dressing that is promised; but you may say what you please of the antiseptic dressing; ridicule it as much as you please; one thing is sure: it teaches us discipline—it teaches us to be systematic! it trains us to a system! it drills us, so to speak, and that is the main point in all our operations. We should be well trained and drilled in everything appertaining to an operation. There is a great advantage in having everything done systematically. I will give an imaginary case and then you may judge. Say for instance a man has to perform the operation of ovariotomy; he is going to operate before a class; he brings the patient into the amphitheater, where there are perhaps 40, 50 or 100 students, and a dozen professors all around the table. Somebody—may be the operator—he gets puzzled, and then in a few minutes there is great confusion. It takes a good while to get the patient under the influence of chloroform; one or the other calls out: "Watch the chloroform;" the assistants are not well trained; they have no confidence in the operator; the operator has none in his assistants; instruments are mislaid and not to be found; at last the abdomen is incised, and before you know it half a dozen, 8 or 10 men have their hands in the abdomen, and the silent spectator looks on unable to tell who is the operator and who are his assistants. Now is it a wonder that such cases do not succeed? A gentleman—a German physician—told me the other day that when he was in Europe he saw a surgeon go from the dissecting room into one of the amphitheaters and perform the operation of ovariotomy with his India rubber gown on which he used in the dissecting room. Four or five days afterwards the patient died of septicemia. Such a thing as that, I hope, is not possible in our city. Now how much nicer is it when we have our patients well prepared; the room well prepared; our assistants well trained, and when our assistants are men in whom we have confidence. It is a pleasure to operate when you have such men as Digges or Chancellor to administer the chloroform, and a main assistant, as our Dr. Dean. Not a word spoken; every one knows his duty and knows it well. No spectators present; only those that are needed. If the operation is carefully done and the after-treatment attended to in the same manner, the surgeon looking to the smallest details, I an sure that good results will follow; and any gentleman who will try this method will use and be pleased with the permanent antiseptic dressing.

PUERPERAL CONVULSIONS AND BLEEDING.

Read before the Ogle County Medical Society at Mt. Morris, Nov. 6, 1883, by D. NEWCOMER, M. D., Mt. Morris, Ill.

GENTLEMEN. — Since our last meeting I have had another case of puerperal convulsions, which I will offer to you as an appendix of my brief essay at the last meeting of the Society. [REVIEW, Aug., 1883.] Mrs. S. was confined a little after 12 o'clock on Sunday morning, 28th ult. Her labor was an easy and natural one—was only sick a few hours. About an hour after the child was born she was attacked with a violent pain in the head. I gave her a full dose of bromide of potash; in half an hour she said that she

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felt better. I left her some bromide to take if the pain should continue, and left her comparatively easy an hour and a half after confinement. At 7 o'clock A. M. I received a summons to come to her at once, that she was blind; had about four miles to go, but went as quickly as I could and found her in convulsions. I bled her at once, taking about 32 ounces of blood from her, immediately after which she had another spasm; gave her a large dose of brom. pot., and put her under the influence of chloroform, and kept her completely anæsthetized for two hours, when she took another spasm; gave more bromide and morphia in full doses and still kept her pretty well under the influence of chloroform all the time, but she continued having spasms every half hour; kept giving her full doses of bromide and morphia, aiming to completely narcotize her. About noon called Dr. Speaker, who fully approved of my treatment of the case, and who assisted me very much in taking care of her. We bled her again about 4 P. M. and took about 32 ounces more of blood from her, after which she had one severe spasm and two light ones; at 6 P. M. they ceased altogether. Kept her completely narcotized all of the following night with bromide, morphia and chloroform, after which she recovered without any untoward symptoms. Had to draw off her water for a few days.

This case has confirmed me of the necessity of heroic bleeding in this disease. After bleeding our patient the second time until her lips were blanched the spasms soon ceased altogether. Without the bleeding I am quite sure she would have died. The same person seven years ago was taken with the same symptoms after confinement—that is, headache and complete blindness. I was there at the time and bled her at once severely and gave large doses of bromide of potash, and so had no further trouble with her. I fully believe at that time I averted an attack of eclampsia, and I now believe that if I would have bled her this time we might have saved her a very severe attack of convulsions and ourselves a great deal of anxiety and solicitude.

On account of ill health (Miss. Val. Med. Monthly) Prof. B. G. Henning has resigned the chair of Surgery in the Memphis Medical College; his place has been filled by Dr. W. B. Rogers, former Prof. of Anatomy. Dr. J. B. Cummings, of Forest City, Ark., has accepted tke professorship of Anatomy.

SOCIETY PROCEEDINGS.

CHICAGO MEDICAL SOCIETY,

The Chicago Medical Society held its regular meeting, March, 3, at Grand Pacific, the President, Dr. D. W. Graham, in the chair. After the routine of business, Dr. C. E. Webster read a paper of which the following is an abstract:

THE EARLY DIAGNOSIS OF POTT'S DISEASE.

The author reviewed the general principles of diagnosis insisting on the value of patience and minute observation and illustrated these principles by the consideration of the early diagnosis of Pott's Disease.

The general diagnosis, he said, may be made at a glance—you see a sickly child cautious in his movements, stooping by flexing the legs, but carries the body erect and steady as though the spine were made of glass and he was afraid of breaking it. Modification of these symptoms depends on the age of the patient and the variety of the disease.

For the exact diagnosis, a history of the case, an inspection and physical examination are necessary. A prodromal period, several months in duration, may occur. The patient is indifferent to his ordinary amusements and exhibits an unnatural fretfulness. He may become awkward in his movements, stumbling in his gait, or assume unlikely attitudes. There may be constitutional symptoms referable to the nervous system, suggestive of paralysis. Pain is generally located anywhere rather than at the seat of the disease, and many patients are entirely free from it. When it occurs it may be constant if local, intermittent if remote from the spine, and be increased by fatigue, or sudden jar. Acute pain is suggestive of a suppurative inflammation, while a dull ache is more characteristic of dry caries. The location of the pain indicates the location of the disease. If thoracic, the disease is cervical; if in the abdomen and lower part of the thorax, the disease is dorsal; while, if through the thighs, the disease is lumbar.

The patient should be stripped and inspected. Flexion of the spine is avoided and a constant effort made by the patient to support himself. He leans upon the furniture; rests his hands on his thighs; or lies across some object. His movements are constrained in order to avoid jars. He shuffles in his gait. From reflex muscular spasm there may be a partial flexure of the thighs, and a local suffering in the portion of the spine affected.

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Torticollis may occur. The respiration may be grunting in character, with limited motion in some of the ribs. There may be a flattening of the normal curves of the spine. There may be a slight lateral angle as in the line of the spinal processes at the diseased part.

The physical examination may be conducted as follows: Let the patient jump down from a slight elevation. The resulting concussion may evoke a cry of pain, a slight confusion of ideas, the child looking surprised, or may fall; a pressure may be made on the head or shoulders, also evoking a cry and muscular spasm; both these, however, are dangerous experiments. If with the patient standing erect the palm of the hand be placed against the suspected region and then the spine bent in various directions any local stiffening can be detected, the neighboring healthy parts being felt to move. If the patient has pain of any sort, impeded respiration or any uncomfortable sensations lay him across the knees, on a table, or place him in a spinal swing and make four gentle extensions: observe if his symptoms are relieved, if he gives a sigh of relief and breathes freely; observe also, if by pressing the diseased bones more closely together the symptoms are aggravated. If such be the case the diagnosis is fully established and a plan of treatment accordingly adopted.

After a short discussion of the subject Dr. O. J. Price exhibited a specimen of aneurism.

CONTINUATION OF CHICAGO GYNECOLOGICAL SOCIETY, FEBRUARY 15.

Dr. John Barttlett then reported the following case of accidental hemorrhage.

The patient, Christine Sanguist, was a large woman of lax fibre, 35 years of age. She had had five children, and one miscarriage, (at the fifth month). After a delivery four years ago she had phlegmasia dolens in both legs, subsequently to which occurred the abortion referred to, and since this miscarriage, the fifth child was born. During her last, seventh pregnancy, while not actually sick, she seemed more disabled than on previous occasions. She was unable to lie upon the right side because of pain experienced when she attempted to do so. She was, as was supposed, eight months and one week advanced on December 24, 1883. At half past four o'clock on that day, without previous sickness or accident, she suddenly, while seated, experienced great dizziness and faintness. She threw herself upon the bed, called for water, complained of severe palpitation of the heart, with violent pain in the precordial region, and "between the chest and stomach" and declared she should die. She called the attention of her husband to a "lump" appearing in her side (opposite to the fundus "as hard as a stone." Efforts to micturate were frequent, but she was unable to pass water. In an hour her symptoms had become so serious that a physician was called. He found the patient with a blanched face and feeble pulse, complaining of faintness. The uterus seemed unusually large, there was no flow, and no uterine pain. The stomach having been emptied by emesis, and the bowels by an enema she seemed better; though her pains continued. At 8 P. M., a violent hemorrhage commenced. The physician having been recalled found the os the size of a quarter of a dollar; to one side of it could be felt a soft substance which was at the time taken to be the placenta. The flow was not always pure blood, sometimes bloody serum passed, easily to be taken for liquor amnii. The vagina was tamponed and the binder applied.

The external hemorrhage was arrested, but the patient grew worse. At 9:45 P. M., when I reached her, she was pulseless with cold extremities and general appearance of one in a collapse. She lay quietly on her side and was conscious, begging me to aid her without delay. The tampon being removed the os uteri was found to be firm, with thick rounded edges and having a diameter sufficient to admit the tips of three fingers.

The space between the cervix and the ovum was explored with two fingers through its entire circumference. It was discovered that the placenta was not prævia, and that the membranes were unruptured. With the hand still in the vagina, and the fingers in the uterus a long slightly curved bullet forceps, was introduced and the points directed by the fingers, were made to seize and tear a portion of the membranes. The flow of amniotic fluid was large. The head was now distinctly felt, the vertex resting upon the margin of the pubic bones, so far forward that the ear lying posteriorly seemed to be but little behind the pelvic axis. The collapsed condition of the patient appeared to contraindicate all decided operative procedures. And yet the further lessening of the uterine cavity, even in this extremity seemed called for. It was determined at least to take one step toward delivery in dilating the os. Hanck's dilators, first available, were not efficiently used, the head tending to prevent the bulb from duly entering the os. A modified Barnes' dilator was then applied. The patient was presently

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found to be unconscious and unable to swallow. Hypodermic injections of whisky were administered but to no purpose. No sign of life being apparent it was determined to attempt delivery with a faint hope of saving the child, and in accordance with the precepts of the profession in such exigencies.

The os at this time was, estimated by the dilator, two inches in diameter. The patient was placed in position and Simpson's forceps here preferred because of their relative narrow blades were applied without much difficulty. After several tractions, the handles were observed to close together, and examination showed that the head had slipped away from the blades, or, in the language of Chapman, the forceps had slipped off "sideways," resting posteriorly to the head. The long high-curved direct traction instrument was then introduced, the head firmly grasped and strong traction made. The os uteri still only partially dilated, thick and tense was drawn down before the head to the ostium vaginæ. It being apparent that the woman was dead, traction was continued ; the os was seen to lacerate, and even the mucous membrane of the vagina for more than an inch beyond the cervix was observed to tear as the head passed through. The child being withdrawn, the hand was introduced and the placenta reached high in the uterus. It was completely detached, between it and the fundus there rested a mass of coagulated blood some three inches in thickness. The after-birth and clots were quickly withdrawn. The uterus, at first entirely flabby, under the stimulus of the hand contracted somewhat, probably to one-third of its size before delivery. This was, however, rather a shrinkage than a distinct contraction ; the womb became smaller, but its walls did not harden. Pulsations felt for through the posterior wall of the uterus over the iliacs and aorta were not perceived. The child was apparently dead, and yet there was possibly a faint pulsation at the point of junction of the cord with the body. It was placed, with the placenta attached, in warm water and artificial respiration carried on till hope of restoration vanished. In closing, attention may be called particularly to several points of interest in this case. The separation of the placenta occurred without assignable cause and probably at the beginning of the attack. At the onset symptoms of the loss of blood were present, but external hemorrhage did not appear till the expiration of three or four hours. Severe pain over the placental site was complained of, and a hard swelling in the region of the fundus uteri was early noticed.

Part of the discharge, the serum from the clots, was mistaken for liquor amnii.

The os uteri was unyielding, even after the death of the patient.

Tractile force, much less than sometimes employed in forceps cases, tore open the os, and lacerated the vaginal mucous membrane. The head resting above the pubic bone, was readily seized, through a firm os uteri two inches in diameter, with a long high-curved forceps.

Dr. Earle.—Is it not the universal custom to deliver always, even when we know the patient to be dead, not allowing the child to to die in the uterus. Is not that the custom universally?

Dr. Sawyer.—The popular demand is that the woman should never die with a child in the belly. We are often led to do things shocking to our better feelings, our better judgment. The fact that Dr. Bartlett had very little hopes of saving the child, showed a very dreadful state of things. It requires pretty strong facts and reasons against delivery, to retire from the house and leave a woman with an undelivered child in her abdomen. I believe I should deliver the child after finding that the woman was dead, because all questions which might be raised by the vulgar mind, would be thought answered.

Dr. Merriman.—What was the feeling of the family in the matter?

Dr. Bartlett.—The fact that the patient had lost so much blood by hemorrhage, and detachment of the placenta, that death was inevitable.

Dr. Merriman. — Were they perfectly willing?

Dr. Bartlett.—We had no time to consult them.

Dr. Merriman.—I have seen cases like this, in which the results were unfavorable, and brought censure on the doctor for butchery.

Dr. Sawyer.—If it is not out of order I would like to say, that just a month ago last Sunday night, I was called by a physician, to see a patient, who said he had been in practice thirty-five years, and that this was the first time he had been called upon to consult any one in a case of labor. When I arrived I found the woman moribund, and I knew she would die in our hands. She was wholly unconscious, her eyes were open—I believe she breathed twice after I entered the house. I told the doctor then the women was dead, and suggested that we go on and remove the child. He replied: Surely, let us not leave the baby in the womb, and I shared this feeling with the doctor, that it was not proper that the child should be left there. I had some difficulty in delivering, on account of

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the condition of things. That I wish to speak of at a subsequent meeting. I passed the selvage edge of a piece of new muslin quickly over the curve of the child in preference to selecting the head, which procedure I disapprove of under all circumstances—without loosing any time I passed up the selvage edge of a piece of cloth, hurridly ripped off, and delivered with ease. The woman was dead before I passed over this rude fillett and delivered. The child was mutilated in delivery, an occurence which I regret.

Dr. Bartlett.—I want to call attention to one thing. There are writers who tell us that in placenta previa, we have no difficulty with a rigid os, because where there is great bulging there is suppleness of that organ. I have said that this woman was dead, but the os was rigid, and that it was difficult to deliver.

PARIS LETTER.

To the Editor of the Review.—One of the most important events of the beginning year is the reorganization of the obstetrical service of the Clinique de la Faculté. We are indebted to the initiative of Prof. Pajot that it was decided to break with the routine traditions, and it must be confessed that this was not accomplished without encountering great opposition from the Assistance Publique which always seems to consider it extraordinary when doctors consider the welfare of the sick. For three months, since M. Pajot took possession of the Clinic, there has not been a single death; whilst during the time of his predecessor, M. Depoul, the Clinic seemed to furnish the greatest mortality among all the obstetrical services. One of the reforms which has contributed greatly towards this happy result is the introduction of the antiseptic practice. At present no one is allowed to enter the ward without washing his hands in a solution of carbolic acid, and this is particularly required when a digital examination is to be made. Speaking of this subject, I will relate something which enraged the administration, and made Prof. Pajot, if possible, still more popular. His service being very much frequented by students, he exercised them in digital examinations, by placing at their disposal five women in different stages of pregnancy; as the women who go to the hospital to be confined are very poor, the good professor wished to procure for them some idemnification by putting up in the ward what is termed a "tire-lire," in which every student who practices the touch deposits a voluntary contribution; the sum thus collected is then divided between these women. Thanks to the money thus procured, these poor women can obtain some alleviation of their miserable condition. This, as you see, is an innovation full of humanity, with which no one can find fault, but in France we have an administration, and in America you cannot conceive what a degree of cretinism is produced by being part of it; you may judge of the rest. The director of the hospital, hearing what M. Pajot had done, became very much troubled; his beaurocratic cranium could not comprehend the humanitarian aim of M. Pajot, and he informed the latter that such a thing could not be tolerated, as it outraged the dignity of the sick. But M. Pajot, who is not in the habit of giving up, especially to a hospital director, continued the "tire-lire" in his ward, placing below it a notice to the following effect: "Offerings to Prof. Pajot." When the students entered the ward they immediately understood that behind this was some administrative question, and filled the "tire-lire" with sous to overflowing. That day was a veritable festival for the poor women, and the intelligent director was, as they say here, "the fool of the farce."

You are certainly aware that Prof. Pajot is one of the most intellectual men in Paris; therefore I cannot do better than to end my letter by quoting one of his sayings. When he teaches his scholars how to practice the touch, he tells them they ought not to hurt the woman; apropos of this he then relates that Paul Dubois, his teacher, told his scholars: "When you touch a woman you must ask her if you hurt her, and she must reply, 'No, sir, it gives me pleasure.' M. Pajot adds: "I tell you this, if you ask a woman if the touch hurts her, she must answer, 'No sir, on the contrary,' and then you will be ready to practice the touch."

Dr. Paul Rodet.

Paris, Feb. 20, 1884.

NEW YORK LETTER.

New York, March 14.

To the Editor of the Review.—Medical New York has been reminded the past week that this is the annual hatching season of new doctors, no less than three hundred and sixty-five being graduated within the past four days. Bellevue Hospital Medical College graduated one hundred and forty-nine men. The annual address, so ably delivered last year by Dr. Billings, of the army medical corps, Washington, was this year made by Mr. Algernon

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S. Sullivan. The college has had a prosperous year and a large attendance. The foremost man of the class was Reginald Sayre, a son of the well known orthopædic surgeon, Dr. Lewis A. Sayre.

The medical department of the University of the City of New York graduated one hundred and sixty-four students at the Academy of Music. The address by the Hon. Chauncey Depew was exceptionally fine.

"The Lord deliver me," said the speaker, "in mine extremity, from a doctor so absorbed in his own greatness or vanity that he cannot see me, the doctor who has a hobby and rides it rough-shod over my aching bones, or the doctor whose breath is steeped in tobacco and whiskey. An eminent physician once gave as an axiom that the secret of longevity was a clear conscience and good digestion. The secret of becoming an eminent physician is devotion to your profession and cleanly life and conversation."

All of these graduates do not launch into private practice at once, as many of them obtain hospital appointments, while others remain to take special courses, etc.

The New York Homeopathic College also graduated fifty students this past week.

The removal of the New York Post-Graduate Medical School to its new building and hospital brings into prominence the work being done for practitioners by these two schools, the Polyclinic and Post-Graduate schools, in the line of practical clinical instruction, didactic teaching having no part in their schemes of study. A large number of recent graduates of other cities, and also old practitioners, come to New York annually to take special courses and get new ideas. Formerly they matriculated at the different colleges, but now the great majority attend one or other of the schools, and the rolls of the colleges this season show a consequent falling off. The Post-Graduate school has moved to a large building, in which they have fitted up hospital wards, and the students are allowed the privilege of seeing hospital cases as well as those able to walk to the clinics. Another advantage is that it allows the surgical division much wider range, as large operations can now be done in their own building, whereas, formerly serious cases were sent to some large hospital. The polyclinic has followed their example by purchasing the large building in which they are already quartered and organizing a hospital service.

The method of drainage of wounds proposed and practiced by Neuber, of Germany, is attracting considerable attention, viz: canalization. His object is to provide drainage of wounds, and at the same time introduce nothing in the shape of tubes which shall retard the healing or require the taking-down of the wound before it is healed.

His plan, which is being followed to some extent, consists of two kinds, superficial and deep canalization, the former being the sewing of the skin on one side the wound to the underlying muscle of the same side. Thus in superficial wounds the edges are kept from uniting, in cases where it is feared discharge may collect beneath. In deep canalization the skin and muscles are turned into the wound and sewed to its bottom, thus forming a funnel-shaped tract for the passage of discharge, the sides of which are composed of healthy skin, which will not readily absorb discharges. This plan has been tried in many of the hospitals and works very well, allowing the wound in many cases, to heal under one dressing. The method of deep canalization has been tried quite extensively in amputations of the breast with good success. The use of decalcified chicken-bone drainage tubes, however, can in many cases be hardly improved upon, as they are non-irritating, easily absorbed, and do not require removal of the dressings. Antiseptic surgery, as now practiced, usually leaves little to be drained, for the absolute prevention of pus formation in operation on wounds is now a matter of every day occurrence. At Bellevue Hospital, in the matter of operations for deformities in children, excisions, osteotomies, etc. for instance, it is the custom to do the operation under thorough antiseptic precautions, sew up the wound with cat-gut, dress with carbolized gauze or gauze prepared by immersion in a solution of bichloride of mercury (usually 1-1000), with plaster splint over all, and then leave the case without further interference for five or six weeks, and when taken down it is the rule to find complete union of bony and soft parts, with no evidence of pus formation. The grounds for interference with a dressing are a prolonged rise of temperature, or appearance of discharge through the dressings.

ST. JOSEPH NEWS.

To the Editor of the Review.—The annual commencement exercises of the Northwestern Medical College occurred February 26. Ten young gentlemen having the degree conferred upon them.

This school is in a prosperous condition—having been so from the beginning. This success has only been attained by the ceaseless

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activity of the members of its faculty whose desire to maintain a good medical school in this part of the State has stimulated them to spare no labor or expense in its establishment. To further this end, the question has been lately mooted as to the feasibility of consolidating with the St. Joseph Medical College, thus lessening the aggregate expense of medical teaching in this city; it being a fact well-known to experienced teachers that the cost of conducting a small school is almost, if not quite, as much as to conduct a large one. Hence it is thought that arrangements satisfactory to the "St. Joseph" can likely be consummated.

The REVIEW seems to be the leading journal in this part of the State—its weekly arrival seeming to meet the wants of the profession more completely than those which only visit us once a month. It also appears to have benefited in every way by its "new management."

The active medical element of the city are already looking forward, with interest, to the meeting of the State Society at Sedalia, in May, Dr. Potter being already at work on his report on the "Relations Between Alcoholism and Insanity," while Dr. Chesney is working on his report on "Medical Education." It is expected also, that Drs. Carpenter and Simmons, and perhaps, Dr. Berghoff, of this city, will prepare elaborate papers for the same meeting.

Hoping to have the pleasure of meeting the REVIEW at that time, I am very truly,

MEDICUS.

CONSTITUTIONAL EFFECTS FROM ANTISEPTIC WASH.

To the Editor of the Review.—Will you kindly answer in the columns of the REVIEW what means, if any, are taken to prevent toxic effects to the surgeon and his assistants from the use of the "bichloride of mercury" solution as an antiseptic? I have found in several instances immersion of the hands in a 1 to 2,000 solution, such as is necessary in the ordinary dressings to be followed by marked constitutional symptoms—increased salivary secretion, metallic taste, abdominal pains, etc. As an antiseptic the sublimate solution has found great favor with us. H. N. M.

We have heard of the patient's being poisoned by antiseptic washes and dressings, but this is the first report that has come to our knowledge where the physician has suffered. It seems to us that a bichloride solution strong enough to produce constitutional symptoms as the result of simple immersion of the hands, is altogther too strong to be used upon a patient.—ED. REVIEW.

BOOK NOTICES.

THE FORCEPS. An abstract from the author's book on "Obstetrical Emergencies and Operations," by L. Ch. Boisliniere, M. D., Prof. of Obstetrics in the St. Louis Medical College. J. H. Chambers & Co., St. Louis, 1884.

Anything from the pen of Dr. Boisliniere will be received with interest by the medical profession, and his many years of experience in the department of Obstetrics gives authoritative weight to what he may say. The little pamphlet before us is written in a clear style, without unnecessary verbiage, and fully inculcates the indications for, and the manner of using the forceps. We look forward with interest to the appearance of the doctor's forthcoming work.

THE DRUGMAN. A semi-monthly journal devoted to the interests of the drug, paint and oil trades, published at Chattanooga, Tenn., has been received. It appears to be an excellent journal, and will, no doubt, be of service to all engaged in the above trades.

BOOKS AND PAMPHLETS RECEIVED.

ANNUAL REPORT, for 1883, of the Presbyterian Eye, Ear, and Throat Charity Hospital.

A FEW OBSERVATIONS on the use of Chloroform in Natural Labor; or Obstetrical Practice. Read before the Texas State Med. Association, 1883. By H. C. Ghent, M. D., Belton, Texas.

FIFTH BIENNIAL REPORT of the State Board of Health of Maryland, Jan. 1884.

LEGAL MEDICINE, by Charles Meymoth Tidy, M. B., F. C. S., Master of Surgery, Professor of Chemistry and Forensic Medicine at the London Hospital, etc., etc. Wm. Wood & Co., New York.

ON THE PATHOLOGY AND TREATMENT OF GONORRHŒA, by J. L. Milton, Senior Surgeon of St. John's Hospital for Diseases of the skin, London, 5th Ed'n. Wm. Wood & Co., New York.

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ITEMS.

A small-pox epidemic exists in Birmingham, England.

The State Medical Society of Georgia meets at Macon on the fifth of April.

The Texas State Medical Association will meet at Belton on the 24th of April.

The chloroform narcosis is said by M. Dubois to develop an astigmatism in dogs.

Dr. Gunnell has been appointed to succeed Dr. Wales as Surgeon-General of the Navy.

It is estimated that 10,000,000 artificial teeth are manufactured annually in this country.

M. Molliére believes that flat-foot exerts a large influence on the development of geno valgum.

Liniment for whooping cough—Olei succini ℥i., olei camphoræ ℥j. Rub in well over back and chest.

The Sanitary Council of the Mississippi Valley will meet in Memphis, Tenn., on the 21st of March.

The subscribers of the Lancet should strike for an issue whose perusal would be less irksome to the eyes.

"Diplomaed Students" is an expression from an editorial in the Boston Med. and Surgical Journal for Mar. 6, '84.

The honorary degree of Doctor of Laws has been conferred upon Dr. Fordyce Barker by the Edinburgh University.

Horace Deaves, aged 23, failed to pass his examination at the Baltimore Dental College, became despondent and committed suicide.

Tarnier has at last obtained the professorship of obstetrics and diseases of women and children in the Faculty of Medicine at Paris.

Dr. Damaschino, well known in medical literature. has been named professor of general pathology in the Faculty of Medicine at Paris.

The removal of a hair-pin from the female bladder, after a sojourn there of twelve weeks (?), is recorded in the London Lancet, Feb. 16, '84.

Dr. Samuel C. Busey took the ground in his annual address before the Washington Obstetrical Society, than craniotomy upon the living fetus is not justifiable.

By a decree dated Feb. 13, the new Codex Medicamentarimo, French Pharmacopœa, edition of 1884, is made obligatory for all French druggists from March 15, 1884.

Dr. H. Dupont believes—and his experiments support him—this: that the extract of corn silk has a better effect in diseases of the heart than either digitalis or convallaria majalis.

M. Righi says that resorcine in a one or two per cent solution is an excellent astringent in gonorrhœa, seemingly curtailing the duration of the affection without causing inflammation.

Dr. Weber-Liel teacher of Aural Surgery in the University of Berlin, has accepted a Professorship of the same subject in the University of Jena.

The St. Louis College of Physicians and Surgeons at its commencement conferred one ad eundum degree, and honory degrees upon John Gay, Esq., F. R. C. S. of London, and upon Dr. Lucius Championnier.

Dr. J. W. Jannin has lately performed a successful ovariotomy, removing a monocyst from a woman seventy-seven years of age. This is the oldest patient upon whom such an operation has ever been performed.

Dr. Alcodic records a case of cure of blepharospasm of ten years' standing by massage. Vasaline was applied and massage over the orbicularis muscle for from six to ten minutes at a sitting. Cure in three weeks.

Dr. Mendel found that in 146 cases of general paralysis, 109, or 75 per cent, had a distinct history of syphilis; whilst in 101 cases of various other forms of primary insanity only 18 per cent had specific antecedents.

That delectable novelist Emil Zola describes in his most recent novel a lying-in scene where there is a cross-birth and a shoulder presentation. His next novel will probably depict a Cæsarian section or an ovariotomy.

Dr. John C. Dalton has resigned the chair of physiology in the N. Y. College of Physicians and Surgeons and has been appointed president, vice Alonzo Clark, resigned. Dr. John G. Curtis succeeds to the chair of physiology.

A project is on foot, in London, for the offering of a prize, or prizes, for a cheap and palatable non-intoxicating beverage, under the auspices of a committee comprising the Earl of Litchfield, Viscountess Ossington and other prominent people.

It appears that, by a new law in France, commercial travellers are required to submit to an examination, its object being to discover if they have any contagious disease. It is obvious how energetically the "drummers" are protesting against this sort of thing.

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In the island of Cos is a gigantic palm-tree under whose shade Hippocrates is said to have held medical consultations. The tree stands in the town of Cos; the branches spread over nearly the whole market place, and are supported by marble pillars.

There is living in Madrid an interesting case — a girl, five years old, having neither arms nor legs. She has the appearance of a mass of flesh surmounted by a head. The abdominal and thoracic cavities and viscera appear normal.

It does not, it cannot command respect. It is inferior to almost every medical weekly published. It should be brought up to at least an average or fair standard, or be abolished.—Dr. E. S. Gaillard on the Journal of the American Medical Association.

During the scholastic year 1882-1883, the six French medical faculties conferred 662 doctors' degrees; the Paris Faculty, 465. The largest number at a provincial faculty was 69, al Montpelier. In Germany, during the same year, 692 diplomas were conferred.

At a recent trial for rape, in England, the medical man who examined both the plaintiff and the accused, stated in his written report, that: "On pushing back the foreskin of the penis of the accused, there was an odor perceptible peculiar to woman." Moral: get circumcised.

Sanitary Conventions will be held in Illinois and Michigan next month. In the former State the meeting will occur at Seymour, on April 12 and 13, the latter will convene at Hillsdale, on the 17 and 18. Important practical sanitary subjects will be considered by both societies.

M. Pasteur stated to the Paris Academy at a recent meeeting that hydrophobia could be communicated to a dog by inoculation with fragments of marrow, or of nerve taken from a mad dog. He also has rendered twenty dogs proof against the disease by inoculation with the modified virus.

"Which mineral acid is the most useful, and when is it indicated?" is one of the published questions propounded by the professor of materia medica of the Ohio Medical College in his final examination. As we are rather in doubt on this question, we would like to have the learned professors enlighten us. Lancet and Clinic please copy.

According to M. Peter, the principal elements in the diagnosis of acute aortitis are: An agonizing pain at the level of the preaortic region; a burning sensation, sometimes excruciating; and a dyspnœa, which is never wanting, and which is especially characteristic, because on auscultation of the respiratory organs nothing can be discovered to account for it.

The Commencement Exercises of the College of Physicians and Surgeons, Chicago, took place on Tuesday, March 11, in the Grand Opera House. Of fifty-eight candidates six were rejected so that the graduating class numbered fifty-two. The valedictory address on the part of the students was delivered by Dr. T. W. Shearer, and the doctorate by Prof. C. W. Earle.

In the evening a banquet was given the graduating class by the faculty, at the Sherman House when Governor Hamilton addressed the graduating class, At this meeting a prize of a hundred dollars in gold for general excellence in class work was presented to Dr. A. Church.

The Twenty-Fifth Annual Exercises of the Chicago Medical College will be held at the Grand Opera House, No. 87 S. Clark st., at 2:30 p. m. on March 25. The annual business meeting of the Alumni Association will take place at the College building on the morning of the same day at 10 a. m.; and a banquet tendered the Alumni by the Faculty will be given at the Leland House on the same evening.

The Death of Dr. Lunsford P. Yandell is announced as having occurred suddenly on March 12, from heart disease. He was born June 6, 1837, in Tennessee, but early in life removed with his distinguished father to Louisville, Ky, at which place he received his education, graduating from the medical department of the University of Louisville in 1857. The following year he located in Memphis, Tenn., and in 1859 was made Prof. of Materia Medica, and Therapeutics in the Memphis Medical College. On the outbreak of the war he enlisted in the confederate army as a private, but was soon made an assistant, and then a full surgeon, serving as such until the close of the rebellion, when he returned to Louisville. Here he built up an extensive medical and surgical practice, and filled various chairs in the University of Louisville, at the time of his death being Prof. of Theory and Practice of Medicine. Dr. Yandell was a vigorous, clear and pungent writer, and was during most of his career connected with medical journalism, and was editor of the Louisville Weekly Medical News at the time of his death. To the family and his brother, Dr. D. W. Yandell, we extend our heartfelt sympathy.

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SITE OF THE THERMIC CENTER. — Dr. Lemcke (Dent. Archv. f. Klin. Med.) describes a case of acute apoplectic bulbar paralysis in which there was a remarkable sinking of the temperature. A post-mortem examination showed that a hemorrhage had occurred in the medulla oblongata about three millimetres to the left of the middle line. Its length was about four millimetres extending from the middle of the olivary body to the point of the ala cinerea. At its lower end it lay a millimetre and a half beneath the floor of the fourth ventricle, at its upper end it was close under the floor. Its breadth was from one to one and a half millimetres. It lay outside of and above the nucleus of the vagus and to the inside of and rather below the superior nucleus of the auditory nerve.

URETHRAL OR GONORRHŒAL THREADS.— Dr. Fürbunger tries to determine the composition and significance of the short thread-like bodies (The Practitioner) frequently found in the urine after gonorrhœa, and usually called gonorrhœal threads. There are two kinds apparent to the naked eye: one is gelatinous, several millimetres to a centimetre long, varying in thickness from a hair to a knitting-needle, rarely split, and sometimes with a thick head. On taking them out with a needle they become elongated to thin threads. The other form consists of opaque, yellow brittle, and generally short threads and flakes, which have a tendency to break up completely on shaking the urine. On microscopic examination the most important constituents are round-cells and epithelium embedded in a gelatinous substance. Besides these, spermatozoa, red blood-corpuscles, various derivatives of cells, crystals, microorganisms and foreign bodies are met with. The round-cells form a great part, and are almost the only constituents of the threads observed shortly before and after acute gonorrhœa, and they also form the chief constituents of the yellow threads. Epithelial cells are not constant, and are generally, when present, much fewer in number than the round-cells. They may consist of stratified or cylindrical epithelium, and some of them color very readily with iodine. These cells are, however, normal constituents of urogenital mucous membrane. The celloid substance in which they are embedded consists chiefly of mucin. In regard to the conditions for the formation of these urethral threads, it may be stated that any part of the urethra which is in a catarrhal condition and secreting mucus, so that the cellular exudation-products may be cemented together, these threads can be formed. Their diagnostic significance is somewhat difficult to determine. In the initial stage of acute gonorrhœa the epithelial cells in the threads are almost always large and flat from the localization of the catarrh to the navicular fossa. In the final stage of acute gonorrhœa intermediate forms of epithelium occur from the implication of the posterior part of the urethra. While the discharge is considerable, threads are absent, because the formation of pus does not permit the cells to be cemented by mucin. So long as the gonorrhœal threads remain in the urine a slight cause may bring back the disease. The condition of the epithelial cells in gleet is not of the same diagnostic value as in gonorrhœa. The author thinks, however, a very small proportion of pavement epithelium in comparison to the intermediate forms present is a certain symptom of localization of the disease in the posterior part of the urethra. Urethral threads may result

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from urethritis not due to gonorrhœal affection, but due to the passage of a catheter or to some other form of irritation, such as an alkaline condition of the urine. A third condition in which urethral threads occur is prostatorrhœa due to chronic prostatitis, not to hypertrophy of the gland.

THE SANITARY COUNCIL OF THE MISSISSIPPI VALLEY held its annual meeting at Memphis, Tenn., on March 21. As was to be expected the usual endorsement of the National Board of Health was the main object of the meeting, and the usual kick at the Marine Hospital Service was not wanting. Accusations against the marine service coming from such a source will have no weight with any one familiar with the fact that the Sanitary Council is largely composed of members who in the past have been, either as individuals or members of municipal on State sanitary boards, recipients of the bounty of the National Board. We have before had occasion to refer to the peculiar tactics of the National Board in procuring the passage of laudatory resolutions by medical and sanitary bodies and will not again refer to that subject, we can only say that the fight against the marine service is not carried on in a manner likely to redound to the credit or advantage of the National Board. Disinterested and competent observers who have had amply opportunity to watch the workings of both bodies are well satisfied to see the quarantine and epidemic funds under the control of the Marine Hospital Service.

EXCITABILITY OF THE MOTOR-CENTRES OF THE BRAIN IN THE HYPNOTIC CONDITION. At the congress of Russian naturalists and physicians in Odessa. (Centralblatt für Nervenheilkunde, etc.) Dr. Motschutkowski stated that he had under observation for fourteen months a girl, eighteen years old, who exhibited the following symptoms: 1. Epileptiform cramps which he could develop or suspend at will. 2. Periodical sleep lasting a week at a time, which, however, could be broken. 3. Complete anæsthesia of the extremities. 4. Contraction of the fingers of both hands. 5. Cataleptic condition of the extremities during sleep. 6. During the hypnose, by the application of a weak Faradic current, he could elicit the contraction of definite groups of muscles with the same constancy and in the same way as the experiment is performed on the lower animals by direct irritation of the brain substance. For this purpose the cranium was shaved, and divided into thirty different parts the effects of the irritation being indicated by photographs. He described accurately the motor effect of the different regions and believes the following conclusions relative to the physiology of the cortex of the brain can be drawn from his observation. 1. The centers for the antagonistic muscle groups lie very near each other. 2. The centers of the flexors lie behind that of the extensors. 3. In the hinder part of the cortex probably are located centers for ill-defined complicated movements such as serve for the expression of emotion and the like. Dr. M., hopes by the study of the hypnotic condition to develop greatly the physiology of the cortex of the brain.

A LOST MEDICAL WORK.—At the annual meeting of the Obstetrical Society of London, it was stated that the only copy of the first English work on midwifery—Woolveridge's Speculum Matricis—being in the possession of Dr. Fordyce Barker, of New York, the Society had induced Dr. B., to employ a man to copy it, and that he absconded with the book and died in Europe. It is requested that if any one should know of a copy of this rare book information should be sent to the honorary librarian of the Society.

DEATH FROM THE A. C. E. MIXTURE is reported in the London Lancet, of March 1. The above mixture was extensively used in Chicago formerly, but it has yielded to the safer substitute of ether alone. It is said narcosis was successfully induced and all seemed to be doing well when suddenly the heart failed and death ensued from syncope. The autopsy showed the kidneys to be full of abscesses whilst the heart was normal.

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CLEANLINESS IN SURGERY.—In an exhaustive article on Operations for Myofibromata of the Uterus, Dr. Bigelow, in speaking of the use of antiseptics says: "Perfect cleanliness is a preventive of decomposition,and its value can never be over-estimated. I myself believe that with a temperature in the operating room of 80° F., with plenty of hot water for instruments, sutures and appliances, with hands cleansed with ordinary brown soap, with a skilled operator and with a perfect observance of detail in cleansing the cavity, a good result will follow as certainly as if Listerism in any of its forms had been practised."

INTERNATIONAL OTOLOGICAL CONGRESS.—The Third International Congress will take place this year at Basle, Switzerland,and continue from September 1st to 4th. The organization composed of Dr. Burckhardt-Merian, (president) Hartman, Lowenberg, Meinére, Politzer and Sapolini, have invited W. W. B. Dalby and Dr. Urban Pritchard, of London, Dr. Blake, of Boston, and Dr. Roosa, of New York, to join them. The committee further extend their invitation to all specially interested in otology. Gentlemen wishing to send papers are requested to give information of the same to Monsieur le Docteur Burckhardt-Merian, Basle, Switzerland, by the 15th of May, 1884.

At the beginning of June, 1884, the full programme of the congress and promised communications will be sent to every one who has intimated his intention of being present at the congress.

CERTAIN PARASITES AMONG THE JAPANESE.—Under the caption of Parasites of the Lungs, Monsieur Berny, in his "Notes sur le Japan," quotes Dr. Baely, of Tokio, on this affection which seems to be peculiar to the Japanese, as follows:

Distoma of the Lungs.—The worm lives in small cavities in the peripheral part of the lungs, every worm in a separate cavity,which communicates with the neighboring branches by a hole too small for the worm to pass through. The eggs of the worm, agglutinated in the form of a ball, get into the branches, and are coughed up by the patient. The presence of the eggs in the sputum is the surest means of diagnosis during life. The worm is of a cylindrical form,rounded at both ends, measuring from 8 to 10 millimetres in length to 5 to 6 millimetres in breadth. The egg measures thirteen hundredths of a millimetre in length and seven hundredths of a millimetre in breadth, and are of an oval form and of a brown color. Hemoptyses, caused by this worm, are very frequent in Japan. Dr. B., at the time of writing, had knowledge of more than a hundred cases. The affection is supported with little discomfort for a period varying from ten to fifteen years, although the patient spits up blood and the eggs of the parasite daily. Extensive bleeding of the lungs, of a transitory nature, sometimes occurs. Mr. R. has himself discovered the eggs of the parasite in the sputum; he says they cannot escape microscopical observation on account of their color and size; and that one is led to make the observation by the absence of the usual signs of tuberculosis, and by the continuance of comparative health, notwithstanding the frequent hemoptyses. It is very difficult to obtain specimens of the worm, on account of the objection among the Japanese to autopsies.

Under the caption, *Distoma Endemicum Hepatis*, he describes, also, from the manuscript of Dr. B., a new species of worm,which is found in the liver. He says it is so common in certain parts of the Province of Okayama, that one half of the inhabitants are thus afflicted. They seem to live free in the biliary channels or attached to their walls. When in large quantities, they excite an inflammation, a great increase in the size or the liver, finally a general cachexia associated with dropsy,and the patient dies several years after having observed the commencement of the affection. Dr. B. claims that this worm comes from the drinking water employed by the inhabitants, as, beyond the limits of a certain river the affection is unknown.

Another worm known as the "distoma innocuum hepatis," analagous to the preceding,

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has been found in large quantities in the liver at the autopsies. It lives in the biliary channels, and causes no appreciable modification of the bodily functions.

APHASIA AND APHEMIA.—The Lancet of March 1st gives two well-marked cases where the distinction between these two affections are well marked. The substance of the aphasic case is as follows: A woman 52 years of age, previously in good health, was found on November 20, sitting on the bed unable to speak or move her right arm or leg. For five days she did not understand anything, though there was apparently no loss of consciousness. On December 22, when brought to Hospital the following was recorded: Intelligent, much distressed at her present condition, complete motor paralysis in right arm and leg; sensation in both increased. No facial paralysis. Can open her mouth but cannot protrude her tongue when told to do so, but makes the effort. She cannot say "yes" or "no," in answer to any question, nor does she even shake or nod her head. She is, however,constantly saying either,"Oh, dear me," an expression she constantly used at home, or "pretty Kitty," an expression never heard at home. She does not say one or the other when told to do so. Her articulations and vocalization,—confined to these words, are perfect. She will make no attempt at writing with her left hand and she never reads. If several numbers are written down she can point to the one representing her age. No history of syphilis; the heart, arteries and lungs appear normal. Sphincters under control.

A fortnight after admission she said on one occasion to the nurse, referring to the bed, "make it," and she occasionally shakes her head in negation. Condition otherwise unchanged. The case presents no loss of articulation (aphemia), no loss of voice (aphonia), no mere loss of memory (amnesia) but there is a complete loss of intelligent speech, spoken or written (aphasia).

Aphemic case. Man aged 22. On the morning of December 12, was suddenly seized with loss of speech and admitted to hospital same day. He did not lose consciousness; has right-facial paralysis, principally of the lower half of the face; can protrude the tongue readily, which is deflected to the paralyzed side; has slight paresis of the right forearm and leg. In answer to every question he can only give a sort of husky grunt; cannot utter a single word. Had been hoarse for a fortnight before the attack, but the voice is now much improved (we suppose this means that the "grunt" is less husky). The application of the Faradic current has been to the vocal cords. The patient is very intelligent and nods or shakes his head, or writes his answers. No specific history can be obtained. He is not aphasic, for, though he cannot articulate, he can speak intelligently in writing; he has, however, totally lost the power of articulation though there is no paralysis of the necessary muscles and no difficulty in deglutition; he is therefore aphmic. Three weeks from the above entry his condition is unchanged.

ALBUMINURIA.—The pathology and clinical significance of albuminuria has been occupying the attention of the Glasgow Pathological and Clinical Society. According to the reported account Dr. Newman supported the idea that along with the constituents of the urine albumen filters through the glomeruli, but is reabsorbed by the tubular epithelium when the kidney is healthy. The principle causes of albuminuria resulting from organic lesions of the kidney according to Dr. N., are: 1. Increased tension in the glomeruli from whatever cause arising, whether from increased efferent pressure or from undue efferent resistance. 2. Inflammatory or desquamative changes in the renal epithelium, the first causing an increase in the escape of albumen from the blood and the second interfering with the proper absorption by the uriniferous tubules. Prof. Roberts considered it important to know more about the physiological excretion of albumen in the urine, and gave his opinion that heat and acetic or nitric acid was more to be relied on than

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any of the tests for albumen more recently advanced. He called attention to the fact that albuminuria associated with hypertrophy of the left ventricle is usually permanent, but drew attention to an exceptional case. Prof. Hamilton discussed certain physiological experiments to show that the quantity of albumen which filters through a renal membrane under pressure had a direct relation to the pressure employed up to a certain point, which point being exceeded the percentage of albumen in the filtrate diminished rather than increased and on again lowering the pressure the amount of albumen increased.

Prof. Gairdner stated that it must be admitted that the prognosis in Bright's disease, except in the more acute form, and even in some cases of the acute form, is very unfavorable, but considered it demonstrated by post mortem facts that recovery has taken place after organic disease of the kidney; and that the physician's diagnosis would be likely to be grave or the reverse aceording as his experience ranged over simple or grave cases. He was not disposed to deny the presence of albumen under certain circumstances in the normal kidney but was inclined to consider the presence of albumen in the urine as at least a warning not to be overlooked.

Dr. Mortimer Granville referred to two groups of cases in which albumen frequently appears in the urine without organic lesions. First cases of young men in whom the genito-spinal centre has been debilitated and rendered preternaturally excitable, not by sexual excesses but by the struggle to restrain the passions, a mental and nerve centre excitement. A second class of cases were those of studious or sedentary men of middle age who suffer from mental depression. In these cases, he says, albumen is often found in the urine and in some instances its appearance alternates with that of sugar, suggesting the fact of nerve centre disturbances as the cause of the malady.

Dr. Mahomed expatiated at length on the subject, but his views are stated in brief as follows: The first step is the existence of an acute or chronic form of blood poisoning, either due to some definite poison, such as scarlatina, alcohol, or lead, or to the blood being laden with excrementitious matters, as in gout or pregnancy. This produces two results; a rise of blood pressure from impeded capillary circulation throughout the body, or a more or less severe functional hyperhæmia of the kidney. Chill constipation or an excessive dose of the poison may now détermine an acute inflammation of the kidney and the structural changes may produce albuminuria by obstructing the circulation through the tubular plexus.

Dr. James Finlayson referred to the organic and mineral poisons in their power to produce albuminuria. Referring to the albuminuria of pregnancy he thought it was not altogether to be explained by pressure as it frequently appeared in the early stages when pressure could not exist, and in other cases where the fœtus had died the albumen disappeared.

A New Methcd of Partial Extirpation of the Cancerous Uterus is reported by Dr. Ely Van DeWalker. He amputates the cervix uteri up to the vaginal junction. Excising it as high as the os internum making an irregular triangle with the base at the vaginal junction, but little hemorrhage follows. The uterus is packed with masses of absorbent cotton dry from an iron solution of one part of subsulphate of iron to three of water. The dressing is removed on the second day, then the opening is packed with caustic cotton, using a solution of chloride of zinc, protecting the vagina with vaseline pomade made by adding one part soda bicarb. to three parts of vaseline.—Am. Jour. of Obs., March, 1884.

Dr. Henry Benett in a paper before the Obstetrical Society of London contended that there is a sphincter at the os internum closed when at rest, greatly developed by pregnancy, opens slightly before, during and after menstruation, and probably during sexual congress. That it was relaxed by disease. Such as fibroids, chronic uterine inflammation, en-

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dometritis, etc., that a closed os uteri was not a morbid condition. Dr. Playfair in discussing this paper stated that he believed very little in stenosis of the os internum and not at all in its incision for the cure of sterility; that a conical os was more frequently the cause of sterility than stenosis.

ACTION OF HEAT ON ARTERIES.—In observing the mesentery of a frog under the microscope Dr. Gartner, of Vienna, observed that when the heat rays were cut off the contraction of the blood vessels which follow shortly after the exposure of the mesentery did not occur and that the degree of contraction was proportionate to the intensity of the heat to which the membrane was exposed; and providing the heat was not great enough to coagulate the albumen of the blood the vessels dilate again on the withdrawal of the part from the influence of the heat rays.

AN ABDOMINAL TUMOR SOMEWHAT RESEMBLING PREGNANCY was reported by Dr. Packard before the College of Physicians of Philadelphia Dec. 5, '83. He removed it by laprotomy. The tumor was found to be solid—probably malignant and apparently connected with the mesenetry.

IN FRESHLY RUPTURED PERINEUM Dr. I. H. Carstens proposes a different method from that usually adopted in treating a case. He either on account of the tumefaction waits with the sewing from twenty-four to thirty-six hours—or if operating immediately to use lead plates with perforated shot so that the suture may be tightened when needed.—[Am. Journal of Obstetrics, March, 1884.

INJECTIONS INTO THE PARENCHYMATOUS STRUCTURE OF THE CERVIX UTERI are useful in uterine fibroma, in puerperal subinvolution lesions of the cervical glands with hypertrophy and in exudation of the broad ligaments. Obs. Gazette, February, 1884.

MEDICAL NEWS reports that at the Vienna General Hospital (Prof. Carl. Braun) in a labor complicated by carcinomatous stenosis of the cervix uteri, performed successfully the high amputation of the cervix, after version by Braxton Hicks' method and extraction of the fœtus.

DR. REAMY (Obstetric Gazette, February, 1884), thinks the constant current applied by carrying the conical electrode within the cervical canal of the uterus as very satisfactory treatment to lessen the induration of the cervical tissue and to aid in the permanency of the distension secured by mechanical dilatation.

THE BODY AND NECK OF THE UTERUS says Schatz, (Rostock) are altogether different in their physiological functions comparing them to the auricle and ventricle of the heart. This difference is most marked after labor the cervix becoming so lax imparts the same sensation as the relaxed vagina.

REDUCED RATES TO WASHINGTON.—The publishers of the REVIEW have been in correspondence, with the railway officials, with a view of securing a reduced rate of fare for delegates and other practitioners purposing to attend the convention of the American Medical Association at Washington, D. C., on May 5, next; and it affords us pleasure to announce that a rate equal to a single fare and a fourth, for the round trip, has been conceded. The reduced fare will be the same from Chicago or St. Louis. Correspondence is also pending to secure like reductions from southern and western terminal and local points, and the result of the same will be announced in a future issue of the REVIEW.

THE SANITARY CONDITION OF GALVESTON, Texas, according to its health officer, Dr. C. L. Gwynn, is not what it ought to be. He has tendered his resignation as a member of the board of health, and in so doing, says: "The sanitary condition is deplorable, and the board of health, under the revised ordinances being only an advisory body, is utterly powerless to help, although looked to by the people for protection." He states further: "Should by any chance quarantine be a failure, the germs of yellow fever will find a rich pabulum to feed upon and become fearfully fatal and epidemic." Mayor Fulton, in accepting the resignation, remarks that he does not share Dr. Gwynn's views; asserts that the city council during the last year granted everything asked for by the board of health, says that at all events more money was spent last year in putting the city in a

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good sanitary condition than was ever spent in any previous year, and expressed the belief that the city would continue as exceptionally healthy as it had for some years past.

THE NEXT MEETING OF THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION (formerly the Tri-State Medical Society) will be held at Springfield, Illinois, in September, 1884. The committee has issued the following circular:

"Wishing to make the work of the Society more interesting and valuable, if possible, than ever, we desire to have papers from the more prominent members of the profession in this portion of our country. We therefore hope you may favor us with a paper. If your time is too much occupied to write a paper, we sincerely hope you will favor us with your presence at the meeting and your counsel in the discussions. As this is not a delegated society, every reputable member of the profession in the Mississippi Valley is eligible to membership by attending the meetings. We hope you will induce your friends to attend, and assist in advancing the science of medicine.

Should you be pleased to contribute a paper, you will please communicate the title thereof to Dr. Chas. D. Pearson, Chairman of Committee, 30 East Ohio St., Indianapolis, Ind.

Very truly yours, etc.

CHAS. D. PEARSON, M. D.,
Indianapolis, Ind.
WM. A. BYRD, M. D.,
Quincy, Illinois.
A. M. OWEN, M. D.,
Evansville, Ind.,
Committee on Programme.

CONTRIBUTIONS.

ON THE BACILLARY DOCTRINE OF PHTHISIS.

BY DR. L. BREMER.

Read before the St. Louis Medical Society, March 15, 1884.

MR. PRESIDENT.—In offering this paper for the consideration of the Society, I do not claim to advance any new ideas or theories in connection with the subject of the parasitical doctrine of phthisis, nor do I propose to give an exhaustive treatise of this important question. My object is to lay before you a simple survey of salient facts and observations obtained so far on the merits of KOCH'S discovery.

The announcement of KOCH, that the long sought-after materies morbi of phthisis had at last been found in a well characterized micro-organism, has been met by pathologists and the profession in general, with favor by some, with skepticism by others, according to the standpoint of those who are in a position to judge.

While there was, on the publication of KOCH'S first paper, great enthusiasm at Berlin, the home of the discoverer, an enthusiasm that is by no means decreasing, there was a feeling of decided contempt at Vienna, the rival school of Berlin for supremacy in German medical science. France looked at the startling revelation with distrust, but, by and by, accepted the situation, and at the present time the verdict of the leading clinical teachers and pathological authorities of that country have, after a rigid examination of the matter, become staunch supporters of KOCH. In England the opinion seems to be pretty evenly divided, and in this country there prevails, if anything, a rather inimical attitude towards the parasitical doctrine.

While a sound skepticism, based not on preconceived opinions or vague theories, but founded on competent and conscientious research, is always in order, particularly in a question of such vital importance, it ought to be borne in mind that a flat denial or disapproval of the doctrine, on general principles, can be of no value as to a settlement of the question.

The medical literature of the last two years abounds in so-called refutations of KOCH'S experiments, but, as yet, they stand as solidly as on the day they were announced.

On perusing the literature and proceedings of medical societies particularly, on the old continent, one is struck by the amount of animosity displayed in connection with the disputes on the question. Scientific vanity, petty jealousy, personal enmities, national prejudices and patriotic preferences have exerted their influences and have contributed to entangle the question and to produce a formidable and apparently inextricable array of conflicting statements.

For one who stands aloof from the battle field it is difficult to arrive at a correct appreciation of the state of affairs, when it is seen that one recognized authority radically differs with another equally renowned, and that tried experimenters obtain diametrically opposite results. As a partial explanation of this, it may suffice to say that authorities who have held opinions contrary to the germ theory all their lifetime and have fought against it, are naturally loath to accept views that do not fit in the frames of their systems. By them the

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question has not been approached with that degree of impartiality and that spirit of fairness which ought to be paramount in science. Human weakness will cling to the greatest minds. Then, there is a class of younger investigators, who, on the principle that David slew Goliath, have tried to act the part of the former in attacking KOCH. So far they have not met with signal success. The assertion of some of them, that KOCH's bacillus is something very common, having no morphological characteristics or pathogenic or pathognomonic qualities, can be explained only by an insufficient acquaintance with the subject.

All these things have to be taken into consideration, if we want to arrive at a just appreciation of so complicated a matter as the micro-organic nature of disease.

In the following lines I propose to give an exposè of the principal phases of the bacillary theory of phthisis. In so doing I do not claim that I am entirely impartial. By personal study and observation I have convinced myself that the position taken by KOCH has not been shaken by his adversaries. I shall therefore adduce such facts and arguments as tend to prove and support that position, not ignoring, however, apparently well founded objections that have been raised against its general acceptance.

Permit me to state the pith and substance of KOCH's researches in a few words: Tuberculosis (and phthisis in general) is due to a living vegetal organism of the lowest kind known, belonging to the group of bacilli in the classification of COHN. This bacillus is found in every case of true tuberculosis, is distinguishable from other micro-organisms by its remarkable behavior towards certain aniline colors, and when introduced into the human or animal economy, either with the caseous material gathered from tuberculous individuals, or in its pure, cultivated form, grown on artificial nutrient media, will invariably reproduce typical tuberculosis.

The logical inferences drawn from this proposition affect two main questions of long standing:

1. *The Infectiousness and Contagiousness.*

2. *The Unity or Duality of Phthisis.*

VIRCHOW (Berlin Klin. Wochenschr, 1883. No. 50, p. 780) claims to have introduced the term "infection" into pathology, meaning by it a general diffusion or invasion of the whole system by a morbific substance, and warns against its mixing up with contagion. Thus, in malaria, he says we have an infection, but not a contagion; in scabies, on the contrary, a contagion, but no infection. WEBSTER makes a similar distinction. European writers have, very often, not observed this difference, and it is indeed sometimes very difficult, especially in speaking of tuberculosis, experimental or clinical, to draw the line of separation.

Experimental science has tended to wipe out the difference that ought to exist between the two words. In the following I shall make use of "contagion" only when a direct communication from individual to individual is proven, "infection," when this is not the case—when the manner of the production of the disease is unknown, and in experimental disease.

The same uncertainty prevails as to the words, Phthisis and Tuberculosis. I shall, in accordance with the present state of science, use the words indiscriminately, specifying the various forms of phthisis by the adjectives—inflammatory, caseous, miliary, etc., as the case may be.

That phthisis is a contagious disease has been believed from the earliest times by the public and by many physicians.

Lænnec and Andral advised the attendants and family members to avoid as much as possible too close a contact with patients in the latter stages of consumption.

From the literature I shall select three cases which seem well authenticated and prove the communicability of the disease.

Two of them I cite from a paper by Dr. Klein.

Guerin observed the case of a man who, suffering from tuberculosis, infected his wife with the disease. The man dies and his widow marries again. She, having communicated the disease to her second husband, dies; this man marries again and communicates the malady to his second wife.

Dr. Hubert Reich observed in the village of Nonenburg, situated on a high bluff of the Rhine and enjoying excellent hygienic conditions, from July 11, 1875 till September 29, 1876, ten deaths from tubercular meningitis in children born between April 4, 1875, and May 10, 1876. No hereditary disposition could be established. All these children were attended by the same midwife, suffering from lung disease (caverns and sanio-purulent sputa). She died July 23, 1876. She had the bad habit of removing the phlegm from the respiratory passages with her mouth and, in slight cases of asphyxia, blowing air into the child's mouth.

The third case is one of tuberculosis by

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feeding and is related by a Bavarian physician. (Münch. Aerzte, Intelligenzbl. No. 2, 1883.)

A woman, previously healthy, fell sick in the summer of 1878 with phthisis of the lungs of rapid progress. She had two children who were entirely healthy up to the time when expectoration became very copious. At this time the development of the children was arrested and shortly after they died from tuberculosis as shown at the autopsies. Their mother had a habit which seems to prevail in certain parts of Bavaria, of chewing the food for her children, before giving it to them, a practice in which she persisted in spite of the warnings of her physician.

Clinically, therefore, the contagiousness of phthisis seems to be well established for some cases, and if, what cannot be denied, there are many experiences on record of a negative character, showing that persons may associate with and take care of phthisical persons for an indefinite time, without taking the disease themselves, we have to assume that the tubercular virus is not a universal poison and that not all are equally liable to be infected, as is the case with syphilis or small-pox.

Medical geography and ethnography may also serve to prove the contagious nature of phthisis. There was a time, and, perhaps, there are some members of this society, who remember it, when phthisis was comparatively unknown in the western and southern states of this country. The prevalence of the disease at the present day, cannot be ascribed to inferior hygienic conditions only, for we see that in the country population the morbility and mortality is almost as great as in cities.

But in former times these regions alluded to enjoyed so striking an immunity from the plague that some physicians conceived the idea it might be the prevalence of malaria to which the non-existence of phthisis was due, that they were antagonistic to each other, that one excluded the other. We now know that malaria often coexists with and complicates phthisis.

A more convincing proof of the communicability of tuberculosis than can be furnished by clinical observation, is obtained by a crucial test, by experimenting on animals susceptible to the virus. Long before the discovery of the bacillus it was known that tuberculosis could be produced in certain animals by injecting caseous tubercular masses. Villemin in France and Klebs in Germany were the first to prove it by successful experiments.

[TO BE CONTINUED.]

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

March 8, 1884.

DR. NEWLAND.—I have a case to report to the Society which I suppose to be an extraordinary Elongation of the Urethra. About a month ago I was called hurriedly to deliver a woman by whom I had been engaged previously. When I arrived the nurse in attendance told me there was something unusual hanging out from the genitalia. I, at once, examined the woman carefully, and ascertained that the nurse's statement was true; however concluded that it was not the umbilicus or anything of that kind. I could not at first determine its precise character, but when labor came on, which was tedious and of a dry character, I had ample opportunity of examining the body thoroughly and came to the conclusion that it was an elongated urethra, such as I had never seen the like of before—during an active practice of 33 years. This anomalous body projected directly from the upper part of the labia majora. It was about an inch and three-quarters long and about three-quarters of an inch wide. An opening in it as large as the finger was noticed during the delivery. Said opening passed up through this body to the neck of the bladder; and the opening of the urethra was apart half an inch from the end of the extended body. After the delivery I enquired of the woman if she was aware of the presence of this condition of things; she replied, that she was, and had had it from childhood, and through it she had always passed her urine and it had in no way inconvenienced her.

DR. JORDAN.—Was the opening on the upper part of this body as indicated by your drawing?

DR. NEWLAND.—Yes, sir. It was a distinct opening like that of the orifice of the penis. I report this to the society, as I am not aware of one like it in the literature of medicine. It seems to me a rather unusual condition. The woman was delivered of a healthy boy weighing about ten pounds, the labor being perfectly dry. I asked her when the waters passed away, but she did not know anything about having passed any waters.

DR. HILL.—Was this her first confinement?

DR. NEWLAND.—Yes, sir.

DR. DEAN.—Was there any clitoris above?

DR. NEWLAND.—No, sir.

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DR. DEAN.—Was there any space above?

DR. NEWLAND.—If any, very limited.

DR. RUMBOLD.—Was the body erectile?

DR. NEWLAND.—It was quite stiff during labor pains.

DR. JOHNSTON.—Was the urethra above or below the symphyses pubes?

DR. NEWLAND.—Below.

DR. DEAN.—I infer from the doctor's description, that this is simply an enlarged clitoris, with the opening of the urethra above instead of below. I do not see that it can be anything else. The doctor says there is no clitoris there.

DR. WATKINS.—That is my impression of the matter. I very distinctly remember a case in which I assisted Dr. Hodgen operate some years ago, in which the urethra was continued up nearly the full length of one of the lobes of the clitoris. I think probably the clitoris has dragged the urethra out; it was the condition in the woman upon which Doctor Hodgen operated.

Dr. Edward Borck then delivered some remarks on Permanent Wound Treatment by Antiseptic Dressing (See REVIEW, March 22).

DISCUSSION.

DR. DEAN.—The doctor spoke of an apparatus for throwing the spray from the steam coils or steam boiler. I have used that ever since the second year I was at the hospital, and I devised a little universal joint for one of these ordinary sprays. Previous to that time I had had a great deal of trouble with a lamp. I engaged an instrument maker to make me one of Wise's spray instruments to use with gas, but that only partly obviated the trouble. I so arranged this little universal joint to be attached to the steam coils or to a boiler, supplied with valves. I was asked to bring it before the Society or to publish it and was told that one of these days some one would adopt the idea and claim it as original. The doctor mentioned the use of turf, it is only better than clay in that it is carbonized clay. The doctor asks why these holes are punched after closing the wound; the reason is that the fluid accumulates to such an extent that unless it is allowed to escape it will burst the flap and in order to allow the escape of the fluid, to make an outlet and relieve the tension these holes are punched. This gives a better surface or stump than we would have if the stitches were cut open. I am a full believer in the antiseptic treatment, but I know it is next to impossible to carry it out in this country in the hospitals, to which the schools have access. Although the doctor's statement of the hypothetical case might seem exaggerated there are plenty of such cases. I believe that it is a frequent thing for the professor of surgery and the teacher of anatomy to be combined in one person, and for him to make post mortems and demonstrate and then go directly to the lecture room or in private practice to delicate surgical operations. I do not believe that modern surgery ought to allow it. I have for a good many years thought that if the antiseptic treatment fully obtained, the whole system of surgery would have to be changed. The operator should disinfect himself, that is, his clothing, and those who see the operation should be required to do the same. I do not pretend to say; that we practice the system in all its details or as faithfully as it ought to be practiced. I think it has great superiority over the mere matter of cleanliness.

DR. BORCK.—Tell us something about the permanent wound dressing.

DR. DEAN.—My experience is that no dressing of carbolized acid or any volatile or fugitive antiseptic can be retained for any great length of time. Although iodoform is a very disagreeable antiseptic as regards its smell, especially to those who are not used to it, I think so far as its permanent effect is concerned, it is about as good an antiseptic as we have. Wounds should not be packed with it, but considerable quantities can be dusted in, or bougies composed mostly of iodoform can be inserted into them. I do not agree with the doctor in regard to Lister's not teaching of rest. I think it is one of the most important lessons he teaches.

DR. EDWARD BORCK.—I did not say that.

DR. DEAN.—I understood the doctor to say that Lister did not teach the use of permanent rest. I think he does; that the first dressing is removed simply to see whether there is any flow of blood or secretion after the wound is disturbed as little as may be.

DR. JOHNSTON.—The gentleman who has just taken his seat said emphatically that he believes in antiseptic treatment; Dr. Borck said: You must believe in antiseptics and the use of antiseptics. Now to the local mind the inquiry arises, what are we going to antisept; what living organisms are involved in the laws of evolution whereby it becomes necessary to use certain remedies to destroy their evolution? Dr. Saulsberry, as is well-known, discovered the evolution of these lower organisms; in 1865, 1866 and 1867 at Cleveland, Ohio. There was not much notice at that time taken of this discovery; particularly, of the bacteria. Though his exper-

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iments and observations were well written and extensively published, yet the Americans paid not much attention to them. But before this time, it is to be remembered that Pasteur had been called upon to discover, if possible, the living organisms which were destroying the grape of France, and it was by his acumen and observation of these lower organisms, whereby he discovered and used certain antiseptics to destroy them, that millions of dollars were saved to France. But now occurs a question to every thinking mind in surgery; what are you going to antisept? And this involves the study and evolution of putrefaction. Tyndall has arrived at the conclusion that putrefaction depends upon the bacteria. These gentlemen furthermore say: That is a fact which has been fully demonstrated, but the thought will occur to every thinking mind that perhaps this putrefaction that is going on, is not the result, but the cause of the heterogenesis and that it is still going on, and we have to wait for further evolution. Those of us who have read Beall and the demonstrations by him related in his work, unless we make those scientific experiments, will have to come to the conclusion about these bacteria, which are playing such an important part—which is such an immense factor in producing disease,—that has been arrived at by the two gentlemen who have already spoken; we must not only, believe in it, but practice the antiseptic treatment. Dr. Dean says, he is a sincere believer in it. I am glad to hear that he has arrived at that conclusion, as for myself I am not satisfied as yet, for we all know that a number of thinking men, including Spencer Wells, are not now so enthusiastic about Listerism as they were a few years ago. Why one would think now that everybody who is wounded or has an operation performed upon him would die of bacteria but for the antiseptic treatment of to-day. Whereas I have seen patients recover by strictly observing cleanliness only. But gentlemen, before we attempt to carry out this practice we are told that we must be believers in it, and if there is such a thing as a cell from a cell, a life from a life and an egg from an egg, and if this be true, then these lower organisms multiply at the rate of sixteen thousand in the course of 12 or 24 hours; which if true, then we should pursue that practice, but the question comes up, we are ready to belive that tuberculosis is caused by bacillai; are we prepared to believe that puerperal fever is the result of the decomposition of the blood that may be found in the vagina?

Dr. Borck.—I would like to hear what the doctor's experience has been with the permanent antiseptic dressing?

Dr. Johnston.—I have always pursued a practice of cleanliness. But as regards the permanent antiseptic dressing I can not say anything of as to my observations. I have not taken a particle of secretion of any form or shape and put it under the microscope, nor have I drawn a drop of blood and examined it under the microscope. It is almost impossible to do it in private practice; I do not know that any physician has his microscope ready for every disease to examine into this subject in coming into his observation. Can Dr. Dean give any satisfactory reasons that rubeola or variola depends on these organisms? Unless he can demonstrate the fact why he believes bacteria are the cause of these troubles, I shall still remain skeptical notwithstanding the fact Tyndall has stated that he lacerated the skin of his leg, which laceration partly healed in a few days, but afterwards the suppuration took place in the part lacerated and he put the matter under the microscope and found it infested with bacteria and therefore concluded that bacteria were the cause of the suppuration, a conclusion I think illogical. The gentleman says that he does not longer use the spray. Now according to the best writers on this subject the atmosphere is filled with millions upon millions of lower organisms. But he does not use the spray so as to kill these organisms while he is performing the operation, yet, according to the belief of these gentlemen, the wound is filled with them and there are millions of them everywhere; and further says: that his antiseptic dressing will be of little value after the operation unless continued. They have not demonstrated as yet that they are right, and we should be careful how we arrive at their conclusions.

Dr. Atwood.—Dr. Borck requested that there should be a detail of the experience of the older members of the profession in regard to the use of the permanent antiseptic dressings and antiseptics in the treatment of wounds. I cannot class myself among the younger members of the profession though I wish I could. I was educated in the days when antisepticism did not obtain to any extent, long before Lister enunciated his doctrine, which has received the sanction of the profession at large, but which to my mind amounts to a craze. From observation during the last 34 years and as the result of individual experience. I am prepared to believe that I have never seen special benefit from the antiseptic method of treating wounds. I

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performed very many operations, some of them capital, before Listerism was introduced. As any careful surgeon will, I observed the ordinary rules of cleanliness and always gave the part the benefit of position and complete rest, and I secured as good results then as I ever did by making use of the antiseptic treatmen. If you take a compound comminuted fracture, remove any spiculæ of bone, see that the wound is properly cleansed, using simple adhesive straps, drawing the parts together, place it in a splint to obviate all motion, you will obtain the very best results without the use of carbolic acid; without the use of iodoform or any other antiseptic. I believe, as the result of observation and experience, that wounds are frequently very much injured and the healing process delayed by the use of antiseptics. Nothing has disgusted me more than the practice of using these sprays, shooting antiseptic preparations into and over a woman's abdomen when it is laid wide open, and sponging the cavity with solution of carbolic acid. I have not been surprised that death was the result. My preceptor was one of the most distinguished surgeons that ever lived in this country; he was the leading surgeon of the Mississippi valley; he founded the first medical school west of the Mississippi river; he has gone, but his name is revered by many students throughout the valley and the United States, while he is not unknown abroad. He was an able surgeon and I venture to assert that the statistics of his operations will compare favorably with that of any other operator who has ever lived—any surgeon who practices the antiseptic treatment to-day—and yet I have known that man time and again to use the same instruments in the dissecting room upon the cadaver and afterwards in the operating room upon the patient. I have known him to take the beaked gorget. an instrument of his own invention, and remove a brick bat from the bladder of the cadaver in order to instruct the students how to operate and use the same instrument upon the living subject and no man can show a better death rate—or rather a better living rate—in the operations of lithotomy than Dr. Joseph Nash McDowell. He was ready to compare his statistics with those of any surgeon. I am sure of this because it came under my own observation. In regard to the treatment of wounds by the use of antiseptic splints such as Dr. Borck has shown us, I interpose no objection but a plain felt splint carefully applied, avoiding the use of water as dry dressing is the best for wounds, with proper bandaging and graduated pressure are all that is needed. Meddlesome surgery is worse than none at all, and good results will follow without the use of carbolic acid, without the use of iodoform or any other antiseptic. If you go throughout this whole country among the country practitioners who do their own surgery, not having the advantage of consultation with distinguished men, who for obvious reasons congregate in the cities, you will find that they perform amputations, resections of bones, remove mammary glands, and do other operations without the use of antiseptics and they meet with just as good success as those who operate antiseptically—who in the strictest manner observe Lister's method. I sincerely hope that I shall not fall under ban by reason of making this statement. They are views that I have entertained and expressed for many years. If I am in error I would be glad to be convinced of it, but I am satisfied that I am right and that the older members of the profession will endorse what I have stated.

Dr. Meisenbach.—I have been a patient listener to-night and I have been astonished at the views ennunciated by some of our older members, and especially was I astonished at the view expressed by Dr. Atwood. If the expression had come from some other persons my astonishment would not have been so great, but when Dr. Atwood makes the assertion upon this floor to-night that in these days of progressive surgery there has been no benefit from the use of the antiseptic methods in surgery, it seems to me that it does not come from the depth of Dr. Atwood's better understanding. I think it is an incontrovertible fact that antiseptic surgery has done a great deal towards the advancement and perfections of surgery. One who has followed the gradual development of the principles involved in this question cannot help having the fact impressed upon him that there must be some truth in the assertions of the eminent and renowned men who have been engaged in the investigation of this subject, and the elucidation of the theories in regard to bacteria. Of course these theories may not be positively proven; the evidence may not be tangible, but nevertheless there are correct principles involved. The gentlemen want to know what antiseptic surgery has done. We all know that one of the great principles of surgery is that of non-interference with wounds; that after they are placed in the most favorable condition for healing they should be let alone as long as possible. I do not think that any one, even the older surgeons present to-night, will dare to controvert the fact that there is

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less interference with wounds to-day than there was ten years ago. We all know that it was formerly the practice to fuss and meddle with them, dress them every day, or two or three times a day and even more. How is it done to-day? We put the wound in an antiseptic dressing, place the part in the best possible position and let it alone for three, four, eight, or fifteen days as the case may be. Now is this not an advance? Dr. Borck has very forcibly placed before us some of the methods of antiseptic surgery. We do not claim for antiseptic surgery that there is any special application or medicament that will favor the healing process; as the doctor has stated every one is accustomed to this or that manipulation and he becomes very perfect in it; some like carbolic acid best, others use iodoform, and various other substances that have antiseptic properties, but at any rate it can not be controverted that antiseptic surgery has been more successful in operations than any other procedure of surgery and this is especially the case in regard to abdominal surgery and surgery affecting joints. Twenty years ago joints were sacrificed which today are made useful by resection, and punctures of joints are made which twenty years ago were not dreamed of and which would not dare to have been done; surgeons were afraid, as unfortunate results often followed; this was especially true of the knee-joint. The latter is a special class of surgery which Professor Langenbeck of Berlin has developed, especially since the advance in antiseptic surgery. Dr Borck mentioned a process of canalization. There is another process of canalization that I want to call attention to which is known as the deep process. The procedure is something like this: Whenever there is a deep wound and perfect drainage is to be established, an opening is made into the bottom of the wound, and then the lips are dissected off and the skin dissected back and then turned into the wound so that adhesion of may take place and keep the wound open as long as possible. The dressings of sawdust and turf are the most recent additions to antiseptic surgery. There is another drug that has been used, and that is dioxyd of hydrogen, which is said to have very strong antiseptic properties, In the antiseptic treatment of wounds the cardinal principles are antiseptic dressings, perfect rest, let them alone as long as possible; proper pressure, drainage, perfect cleanliness. Any man who follows this and does it carefully and faithfully, will succeed better than one who practices the old methods notwithstanding the ennunciations we have heard here upon this floor.

Dr. Schenck.—I am not prepared to deny positively the fact that there is some advantage in the antiseptic treatment. In reference to septicemia I must confess that I am somewhat disappointed to-night in Dr. Borck's remarks. I came here expecting to hear something new, whereas, his ennunciations are what we have heard before and many of us already believe. But I am inclined to think that there is a "craze" with the profession on this subject. Several years ago I went through the Roosevelt Hospital, under the guidance of a very intimate friend of mine. As he ushered me through the rooms, he showed me a very complete apparatus and paraphernalia for the purpose of antiseptic treatment; there was a room completely filled with these things, and I was quite surprised to find that the results at the Roosevelt Hospital were not any better than those at the New York Hospitals, where they did not practice it so fully. I am not prepared to deny but that there has been good accomplished by this practice with antiseptics. It would be far from me to do it, because I have followed it; but I do believe one thing, and that is, that we do not know yet whether bacteria is the poison or whether it is the carrier of the poison; we are not yet persuaded whether these bacteria act upon the living tissues, as they do upon putrefactive dead tissues; nor are we prepared to state whether the whole system can be infected in a few hours, as is claimed by some. I do not believe that the bacteria act upon living as they do upon dead tissue. I think the antiseptic treatment has done us good by making us more cleanly and more particular. Whether we believe in it or not, it has instilled into us a certain fear, like many religous beliefs that make people better though they may not really believe in them. There is a consciousness, however slight, that there may be something in it. Now, in reference to abdominal surgery in particular, I am far from being a believer that the spray is of any benefit whatever, and I do not believe that there is a single surgeon who uses the spray who after operating under its use for an hour does not find his hand almost powerless if not poisoned. It is a thing that has been practiced too much and upon too small a foundation of belief, until really bacteria has become the commander and sepsis is nothing but the adjutant. Now gentlemen if you will observe abdominal surgery carefully, you will find that if a patient dies the general profession believes it is because the antiseptic treatment has not been carried out. This is not giving due credit to the surgeon and to

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the increase in his dexterity. In ovariotomy Baker Brown made a great advance in England and his death was a great loss because he was the first to commence to drop the pedicle. Afterwards Spencer Wells came with his clamp and this was a draw back instead of an advance as shown from the ten per cent of mortality by Baker Brown. Spencer Wells went up to twenty-five per cent less. Now gentlemen in order to dispense with this clamp and dodge the issue he omits the clamp drops the pedicle, as Baker Brown had done before him, and claims his success is due to antiseptic surgery. I contend, gentlemen, that the dexterity of the operator, the fear of trouble for want of cleanliness, the careful cleansing of the parts, the dropping of the pedicle, and the keeping of the patient quiet, has more to do with the success in abdominal surgery than all the antiseptics that Lister ever recommended, and I am indorsed in my view by many who have met with great success in operating. There are surrounding circumstances or climatic influences, there are atmospheric powers all of which have their influences upon the patient. Keith today uses little antiseptics; Tait uses none at all, and gentlemen, with all due deference, the statistics of Spencer Wells, even after ceasing to use his clamp and dropping the pedicle, are not as favorable as the statistics of Tait, who out of 102 ovariotomies lately performed has lost only three patients, and these operations were performed without the use of antiseptics. But his dexterity is remarkable, and with assistants that are trained he has nothing to fear; with his mind on the operation and well prepared for all emergencies, with the observance of absolute cleanliness, that is near to Godliness, just as near in our profession as in the ministry, he has had successes that no antiseptic treatment can gainsay, than which no one can show more favorable results. We are too much inclined to give undue credit to sepsis, and if we lose our patient it is because we did not have an ounce of carbolic acid to catch a pound of bacteria. It is the dexterity of the surgeon and absolute cleanliness, the keeping of the parts at rest, in other words the profound and absolute knowledge of his profession that gives the surgeon his successful results. I do not believe that any one engaged in promiscuous practice should indiscriminately perform an operation of this kind such as he may never again perform, and if the patient dies attribute the unfortunate result to the want of antiseptic treatment.

Dr. Prewitt.—I was not there in time to hear Dr. Borck's remarks, therefore do not know what has been said; but think there is truth on both sides of the question. Dr. Schenck said: "it is the great cleanliness that does the good;" that remark is absolutely true; but how is that to be accomplished? This is the very question at issue. It is generally known that if you take a simple fracture, no one expects a man to die from it uncomplicated. He gets well. Bnt you take a compound fracture of the femur; we know that a great many have died, and among the older surgeons it was regarded often times as a sufficient cause for demanding amputation, and regarded as the very best chance for the patient to live. Now why is this? Not that there is more injury done to the tissue particularly, since there may be just as much injury in a simple fracture as there is in a compound one with the single exception that the skin is broken in the one case and is not in the other. It is not simply the contact of the atmosphere that does this; there is a something else at the foundation which must be avoided. The experiments of Dr. Tyndall on that point, as well as those of Pasteur and others, show that there is something that gets into the wound. Tyndall has shown that you may take two specimens of beef tea, and exclude the air from one by putting cotton over it, and let it remain for months in a room without decomposition taking place. The air is not entirely excluded, yet if you take the cotton off for a half an hour and then replace it, in three days the beef tea will stink. Now what is the reason of that? Something has gotten into it and during the brief time that this cotton was removed set up the decomposition, just as it gets into the open fracture from the air, and sets up decomposition of the fluids there, and thus your patient is poisoned. Now it is absolute cleanliness that we desire to accomplish, and the question is, how is it to be accomplished? It does not matter whether we attribute the trouble to bacteria; it does not matter whether that point is proven or not. It is proven to my mind with absolute certainty that there is a something that does accomplish this thing, whether it be the bacteria or not is a mere accident of the decomposition; whether they are found in the decomposing fluid as a result or a cause it does not matter. It is something that gets in and sets up the decomposition—something that gets into the wounds that leads to septicemia. Now so far as ovariotomy is concerned, it is upon a very different basis. Dr. Schenck says that Mr. Tait used no antiseptics. I venture to say that Mr. Tait does use antiseptics. He may not use the spray; he may not sponge out the abdominal cavity

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with carbolic solutions or anything of that sort; but I venture to say that every instrument he has, every sponge that he uses, every kinfe and anything else used is rendered antiseptically clean. In the treatment of wounds generally, the object is to keep them absolutely clean; and, as I previously remarked, the question is, how this is to be done. Now, I think that the statistics of the great hospitals of this country and in Europe will show that since the introduction of Listerism, if you choose to call it so, there has been an immense improvement in the favorable results. Hospitalism as it is called does not prevail now as it did; hospital gangrene is scarcely known in hospitals where it was frequently present before the antiseptic treatment. You will find that some German surgeons report immense improvement in favorable results in the hospitals since the introduction of antiseptics. Now it may be that a great part of the improvement is due to the fact that Listerism of itself inculcates a degree of cleanliness which was never dreamed of before; cleanliness carried to an extreme, because it is based upon the idea that there is a something — an invisible something that gets into the wounds, which it is the duty of the surgeon to keep out, and which he can only do by resorting to the most rigid measures of cleanliness. It may be that the benefit is not due, as many think, to the use of antiseptics which kill bacteria and destroy the germs; it may be it is due to the cleanliness entirely; for all I know it is; it is certainly all due to cleanliness in one sense. But I think that any one accustomed to using antiseptics will admit that he accomplishes better results with their use than without them. I had under treatment a man, brought into the hospital some month or two ago, with a compound dislocation and fracture of the ankle joint. He had been transferred from the hospital at Columbus. He had refused to have his leg amputated when it was suggested to him by the surgeon in attendance, which ought to have been done. When I saw him he was suffering with septicemia; that is he had fever and was more or less delirious; the wound stunk, part of the tissues were gangrenous, the bones were sticking out, the foot turned to one side, and everything about it looked most unfavorable. There was no alternative but to amputate, but the man's condition was such that I did not think that it was prudent to do it then, so I endeavored to improve the putrid condition if possible. I gave quinine, of course, and washed out the wound with carbolic acid and dusted in iodoform pretty freely, and in a few days the wound was almost in a condition of healthy granulation. Now, I cannot believe it possible that any sort of dressing would have brought about this condition of things aside from the use of antiseptics. After his condition was improved I amputated the leg by the open method, because I did not believe it prudent to treat it in any other way. I amputated the leg, and left it open and in such a position that there was thorough drainage. Now the danger in amputations, and the want of success is, in a large measure, due to the fact that there is a difficulty in bringing all the tissues accurately together so as to secure union by first intention; in many cases there will be interstices—little places where the fluids will lodge and thorough drainage cannot be effected. Very often you cannot secure efficient drainage to prevent the lodgment of these fluids which are exuded from the tissue, and which undergo decomposition and poisoning as the result. In the open plan of treating woonds we can secure perfect drainage; consequently no decomposition whereby the poisoning of the system would take place. Therefore experience proves that this open plan of the treatment of wounds is very successful. Of course, it is longer in getting well, but when you can secure union by first intention you have a more satisfactory result. In this particular case to which I refer I treated the wound by the open method because I was afraid, as the blood was already in a septic condition, that if I attempted to secure union by first intention—by bringing the parts together—there would almost certainly be decomposition of the particles of the fluid and the septicemia would be aggravated. If it were possible, however, I would secure union by first intention. I simply performed the amputation by the circular method, making a good sized heavy flap, and the man never had a bad symptom. The septicemia did not disappear at once, but the wound did beautifully and the leg is nearly well, notwithstanding the man had symptoms of septicemia and was delirious at night for two weeks. Of course I washed the wound with carbolic acid and dusted it with iodoform and allowed it to drain thoroughly. If these remedies had been used from the first, I do not believe the man's leg could have gotten in the condition it was when I first saw it. But I do believe that 20 years ago that man would have died—all means then known used to the best advantage for his good. Then again we find that a great many wounds which are treated antiseptically improve in proportion to the care used in dressing them, in carefully washing out the

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blood and other particles, using a soft sponge and a ten to fifteen grain solution of carbolic acid; wounds thus treated will oftentimes unite by first intention which would not otherwise. I have seen an ulcer of the leg the result of syphilis, which stunk so that it was hardly possible to stay in the room, dusted with iodoform, and in 24 or 48 hours the ulcer would be almost in a healthy state —so that there was almost a perfectly healthy condition of the surface. Now you cannot effect that result by any other method; I am sure that it would require some sort of antiseptic dressing to accomplish that purpose. And so it is the experience of the great mass of surgeons throughout the world; I think that the majority of surgeons concur in the view that antiseptics have enabled us to make an immense advance in surgery. When we speak of Listerism a great many associate his name with the spray, as though that was the basis of Listerism—the foundation of Listerism—the sum and substance of it; whereas the spray is a mere incident, as carbolic acid is an incident, so far as he is concerned. Mr. Lister sought to accomplish definite results, based upon his ideas of what was the difficulty to be met, and he fell upon carbolic acid because experience had proven that it did prevent decomposition by destroying whatever it was that caused decomposition. And it does not matter what may be the changes in methods used I believe that Mr. Lister has woven a crown of laurels for himself which never can be stripped from his brow; that as long as the world exists the brighter will be his fame, because he has introduced a new era in the field of surgery; it may be only an era of cleanliness. But I do say, the doctrines which he enunciated led to the most rigid methods to secure this cleanliness which he thinks, and which many others believe, is accomplished in a great measure by the use of the so-called antiseptics. Now it is undoubtedly true that faith has a great deal to do with it; a man must believe in antiseptics, have faith in them or he is not likely to accomplish all that can be accomplished with them; simply because he does not use them with that thoroughness, that rigid care that is necessary to accomplish the results. Simply covering over the wound with the antiseptic dressing often is not sufficient, because you have already left the germs there. A man to practice antiseptic surgery successfully and with the best results must have faith in the agencies which he uses and use them intelligently and earnestly and thoroughly, and thereby bring success to himself.

This is the only way to accomplish good results. Now Mr. Lister performs operations with such antiseptic precautions that he secures the most admirable results in cases that no surgeon would dared to have attempted an operation twenty years ago, and in which he would have been considered a fool if he had attempted an operation. He opens the knee-joint,and performs many other operations that were considered totally beyond the province of surgery. A few months ago I was called to the country to see a boy who had wounded his knee-joint. He struck it with a hatchet, and afterwards continued to work, when inflammation was set up, and he suffered agony of pain. Pus was found in the joint, and it was simply a question with me whether I should open the joint and discharge the pus or amputate the leg. I decided to open the joint, and did it freely on both sides, washed it out and put it upon a fixed splint, and applied the antiseptic dressing, and the boy is now walking about with a good leg. I venture to say not a member of this society would know anything was the matter with the joint, unless he examined it carefully. He walks with scarcely a halt or limp in that leg, and scarcely any impairment of function. Now that, in my opinion, could not have been accomplished twenty years ago, and could not be accomplished to-day without the antiseptic treatment. This subject has been discussed and re-discussed, and so much said about it that a good deal of confusion arises, all because people contend that bacteria are simply incidents of suppuration, etc. That may be true, but that does not invalidate the doctrine of antisepticism, by any means. It does not destroy the theory upon which antiseptics are used, because bacteria may be a simple incident of the decomposing process. One surgeon may believe that the bacteria are the cause of the whole trouble, another that they are a mere incident, but that does not alter the fact that antiseptics are known to accomplish something which makes them indispensable to us in the surgical treatment of wounds.

Dr. Atwood.—Dr. Meisenbach expressed great surprise that a gentleman so well posted should express the views I did, and then went on with an interesting disquisition, stating briefly that rest, absolute cleanliness and drainage was the proper treatment for wounds. That is all I claimed. I am very glad that I converted him to my views. My friend, Dr. Prewitt, says that if you take an organic solution—beef tea, for instance—and put cotton over it, you will in that way preserve it fresh, but if you remove the cotton, in two or three days it will stink. The doctor does not state the proposition correctly. He referred to

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Tyndall's experiments. If he examines he will find that in those experiments the organic solution was rendered free from germ life by being subjected to five hours' boiling, or, to one-half hour's boiling under a pressure of five atmospheres,and then hermetically sealed. Now if he will cook a woman's abdomen for five hours, I will concede that he will destroy all germ life therein.. The atmosphere is alive with germs, and if there is a space into which it can penetrate you will find germs, and it has been proved that a solution of carbolic acid does not destroy them. A local application of carbolic acid acts as an anæsthetic; it obtunds the sensibility of a part. If you take pure carbolic acid, and draw a liue across a part, you can then wound the place and the patient will not suffer. It produces local anæsthesia. Of course the application of a solution of carbolic acid to a wound is beneficial in this way. The doctor went on to state that he had a case of injury to the knee-joint, followed by an accumulation of pus, that he opened it and treated it antiseptically, and secured a good result, which could not have been secured otherwise. I, myself, in 1858, had a precisely similar case, with an accumulation of pus, a high degree of fever, with convulsions, the result of extensive inflammation. This was before I had ever heard of the antiseptic treatment. But I opened the joint and allowed the pus to discharge, immediately put on a splint and gave the part the advantage of position and my patient got along as well as Dr. Prewitt's. I have treated compound fracture of the ulna, radius and femur by using a plaster of Paris bandage, excluding the atmosphere, and have attained excellent results without resorting to the use of antiseptics. The doctor referred to a case of compound fracture of the ankle joint in which he used the antiseptic treatment. I remember a precisely similar case which I treated just about the time that Listerism came into vogue; just when we were all in a craze, before any of us had been cured of it. This was a case of compound comminuted fracture of the external and internal maleoli, and the parts adjacent to the joint were very much disturbed. The patient was a heavy man and had fallen some distance. I very carefully washed the wound with a carbolic acid solution, and removed any spiculæ of bone, and then covered the wound with carbolic acid putty, which, recommended by Lister, was made by rubbing carbolic acid and whiting together, much the same as putty is made by rubbing up linseed oil and whiting. I placed over this a sheet of tin foil,then wound about it a bandage saturated with an oleaginous carbolized solution, put the limb in a Hodgen splint, secured to the ceiling so as to render the part perfectly quiet, giving it the advantage of position, and there was such an accumulation of pus after all this strict observance of Listerism, that I was compelled to remove the dressing. The patient died, and I honestly believe that if I had not attempted such extensive conservative surgery I should have saved him. And the doctor, in concluding his remarks to-night,took precisely the ground we all take who are opposed to Listerism. Dr. Borck concludes that the whole secret of success lies in cleanliness,and concedes that Listerism has been mainly beneficial in that it has taught us to be exceedingly careful and cleanly in the treatment of wounds.

Dr. Dean.—The last case reported by Dr. Atwood was not treated according to Lister at all. He penned up the fluid in such a way that it had no opportunity to escape; there was no chance for drainage, and of course he would have to take off the dressing.

Dr. Atwood.—I want to say that I treated the case strictly—to the very letter of the laws as laid down by Dr. Lister himself at that time; strictly so.

Dr. Dean.—I wish to say that I believe that there is a great craze with reference to the antiseptic treatment. There will always be great crazes in our profession about matters of the kind as there are crazes about very little matters in the community such as the late blue-glass mania. Ignorant advocates are as crazy as ignorant opponents. Mycology is as much a branch of science as is gynecology. The gynecologist, will claim that the rest of the profession are not able to treat gynecological cases, but ought to turn them over to them. It is a fact that not one man in a hundred advocates or opposes antisepsis knows anything about the mycology or perhaps microscopy, except what he reads here and there or could find a bacterium if he looked. Everybody is talking about antiseptic surgery, but not one man in a hundred is practicing it perfectly. There is no benefit to be derived from talking of what a man did ten years ago, and not of what he can or cannot do now in the use of antiseptic measures. In the City Hospital I have not had a case of traumatic erysipelas die in six years that arose in the hospital, and we are very far from carrying out the antiseptic system as it should be carried out. The antiseptic method does not mean the use of spray, the use of gauze, the use of carbolic acid, the use of iodoform alone; it means everything

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and anything that promotes cleanliness. We might ask what cleanliness is. This depends upon what we have to clean or to clean from. Now the methods of securing cleanliness differ. We can clean paint with cold water without soap; for some purposes we must use an acid, for others an alkali. If we wish to clean a bottle we may need soap, we may need acid or alkalis. Antisepsis is a generic word in surgery and medicine, and includes cleanliness. I have heard men say that just as successful operations of all kinds can be performed without as with it. I refer to the surgical works of 25 years ago and see what the opinion of the profession was; he will see that operations we perform with safety now would be worth a man's professional life or reputation twenty years ago. If the gentleman will come to the hospital I will show him cases that neither he nor I could have operated upon or would dare do 10 or 15 years ago, and we do not carry out the antiseptic method as it should be done.

Dr. Edward Borck. — In the main, I agree with Dr. Dean; and Dr. Prewitt's remarks were very appropriate. If he had been here earlier and heard my remarks he would not have repeated so many of them, but would have told us what method he employs in St. John's Hospital.

I am sorry if any one has come here tonight expecting to hear anything new, for he will be disappointed. In the beginning of my remarks I stated that I had nothing new to offer, that there is nothing new under the sun; but that I wish merely to bring the matter before the society for discussion.

Dr. Prewitt.—I have something here in this bottle which looks like a jar of chow-chow. A woman came to me two or three days ago saying that she had passed something from the bowels and wanted to know what it was. I thought that she had swallowed a jar of chow-chow and had afterwards evacuated it, it looked so much like chow-chow. But I am satisfied, after thorough investigation, that it is the pulp of oranges; she had been eating oranges and the pulp had passed in this form.

I have here the heart, stomach and bowels kidneys and thymus glands of a child 48 or 60 hours of age. Twenty-four hours after the child was born I saw it, and it had been vomiting blood. During the first 24 hours the child did well, the mother said, except it had not nursed well, but it looked well and was well developed; she saw nothing wrong. But after the first 24 hours it began to vomit blood, and this continued during the next day, when I saw it; then it had just vomited a clot of blood as large as my thumb; the child's clothing was stained with blood. The mother told me that soon after I left it vomited a double handfull of blood. The child died, and I secured an autopsy, but could find nothing particularly the matter; there was no cyanosis; no echymotic spots anywhere, and nothing to indicate purpura. We sometimes find in young children purpura, with ecchymotic spots and bleeding from the mucous membrane. There was nothing of this kind in this case; there was no cyanotic condition indicating a patulous condition of the foramen ovale. Upon examination of the abdomen I found that the stomach had a considerable quantity of blood in it, as there was also in the small bowel. On opening the stomach the mucous membrane was very red–of a very florid hue throughout — and the blood seemed to have oozed from the whole mucous membrane of the stomach; whether any came from the mucous membrane of the bowel I do not know. I can not account for it. I will state that this woman has before borne five children; two female which are living and healthy; and two male children before this one, both of whom are dead. The first one was a well marked hydrocephalous case, and the second which died very soon after birth, was also supposed to be hydrocephalous. Now what determined this bleeding I do not know; unless it was the sudden revolution of the circulation, which always takes place in new born children, which had resulted in the oozing of the blood from the mucous membrane. I have the kidneys here. I brought them simply as a matter of curiosity, as it is not often that we have the opportunity of seeing the kidneys of new born children and the supra renal capsules. I have also the thymus gland.

Dr. Dean.—Is the kidney lobulated?

Dr. Prewitt.—Somewhat; a little lobulated, not much, but the supra renal capsule is quite a large organ.

Dr. Wm. Goodell recommends where nervous shock and worry influence the uterus and its functions to give equal parts of the bichloride of zinc,quinine and iron in pills to tone down the nerve centres.

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ITEMS.

The average death rate of Berlin during 1883 was 29.04.

The International Congress of Hygiene will meet at The Hague August 21st to 27th.

The Woman's Medical College, of Philadelphia, graduated twenty-six students.

The University of Edinburgh will confer honorary degrees upon Dr. S. D. Gross, J. S. Billings, and Fordyce Barker.

A one-tenth solution of bromoform is said to have antiseptic properties, killing bacteria when used in that strength.

Dr. Sig. Friedmann reports the successful expulsion of tape-worm in ten cases, by the use of tannate of pelletierine.

The Indiana State Medical Society has postponed its meeting until after the meeting of the American Medical Association.

In London, England, there exists a "City of London Truss Society." In the year 1883, 9,126 persons were relieved by this society.

M. Valley has used jequirity in thirty cases, in which the result was marvelous in twelve, very good in ten, and worthless in five or six.

M. Hanot claims to have observed a case of primary local cutaneous tuberculosis, followed by tubercular deposits in the lungs of a patient aged 70.

The Missouri State Medical Association will hold its twenty-sixth annual session at Sedalia, on Monday, May 5, 1884, and the two following days.

Barie gives a wash of one per cent. alcoholic solution of hydrochloric acid, to be applied every night in cases where there is falling out of the hair.

A death from ether is reported by the British Medical Journal; the patient was a laborer, aged 50, and was being operated upon for cancer of the gums and throat.

M. Allairn, of Nancy, in a late communication states that he has found a camphor which refracts polarized light to the left, ordinary camphor turning the rays to the right.

A student of Yale College was knocked down in a sparring contest, and died shortly afterwards; the coroner's jury brought in a verdict of death "Traumatic Apoplexy."

A sect of persons has been discovered in Southern Russia, who kill children by narcotic poisons, to keep them from earthly sufferings, and secure them at once heavenly joys.

Lithotrity in a girl three and a half years old. The stone, phosphatic, measured roughly about an inch each way. The child was under observation from August 12, 1881, to February, 1882, before the real difficulty was recognized. The operation for lithotrity was performed April 2, and the patient discharged June 10, 1882.

Dr. Jos. Lipburger records a number of cases of peripheral neuralgia, treated at the surgical clinic at Innsbruck, by the subcutaneous injection of a one per cent. solution of hyperosmic acid.

The Tennessee State Medical Association will meet at Chattanooga, on the 7th day of April. Members are requested to come prepared with papers, as at the last meeting no regular essayists were appointed.

The medical students in Swiss universities are distributed: Basle, 108; Berne, 127 males and 28 females; Zurich, 184 males and 33 females; Geneva, 84 males and 7 females. Only five of the women are Swiss, all the others being Russian.

M. Robiteau says that iodides and sulphate of quinine are incompatible, in so far that the former have free iodine liberated in the presence of the latter when in the stomach, and that untoward symptoms may follow, such as vomiting, anorexia, etc.

Prof. Pick gives pills containing metallic aluminium, powdered chalk and extract of taraxicum in phthisis, and claims that pure aluminium attacks the bacillus, of Koch, in such a manner as to completely destroy the specific character of the disease.

Mullein (verbascum thapsus) for phthisis (Med. and Surg. Rep.) was recommended a year ago by Dr. F. J. B. Quinlan, who now reports a case of pre-tubercular phthisis, in which the patient gained twelve pounds in one month under the use of mullein.

Whilst incising the inferior lachrymal duct, Dr. Ammonden broke the point off a Weber knife. Two or three days later, when the swelling had subsided, the doctor introduced the electro-magnetic probe of Krebs, and giving it a few turns in the sac, took it out with the point of the knife adhering to it.

I. G. Edgren gave a woman, aged 68, twelve centigrams of codeine for insomnia. She had a scarlatiform eruption, which began in the face and extended all over the body, and accompanied by fever and itching. The termination was in abundant desquamation. The eruption lasted two days, and the itching four or five.

Aesthetic Catheterism: The Lancet and Clinic reports the stem of a lily of the valley being found in the bladder of a young lady. A prominent surgeon once had a female patient in whose bladder was a calculus concreted around a hair-pin, and he remarked that the patient's misfortune was probably due to an attempt to pin up her water-fall.

Dr. V. Horoch, assistant to the clinic of Prof. Albert, has made experiments upon animals with brororform, by inhalation, subcutaneous injection, and by the mouth. He reports the results as excellent, and finds it an excellent anæsthetic, there being no disturbance in the respiration or heart's

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action. He has administered it to patients, who were operated upon, with happy results, there being no untoward results developed.

Dr. Pohl-Pincus read an essay before the Society of Internal Medicine, of Berlin, upon the method of obtaining immunity from infectious diseases. In an unprotected person the inoculated poison irritates the lining cells of the lymph-paths, which contract, delay the passage of the virus, and lead to induration. When immunity has been conferred, it is because there is something in the virus (anthracin, cholerin, tuberculin, etc.) which modifies the lymph-channel cells; they do not contract, but widen, and the poison flows freely along. Dr. Pincus believes that if we can obtain the "tuberculin" from phthisis, immunity can be conferred from that disease.

EXPLOSIVE MIXTURES.—L'Independenté gives the following list of explosive mixtures: 1. Hyposulphite of lime, chlorate of potash, and sulphite of iron, mixed in equal proportions, are explosive. 2. A solution of one part of chromic acid and two of glycerine. 9. Chlorate of potash and dentifrice powders containing carbon. 4. A pill-mass containing permanganate of potash, mixed with vegetable extracts and iron, easily inflames. 5. Chlorate and permanganate of potash, and other explosive substances, ought not to be triturated with tannin or with sugar. 6. Iodine and sometimes an iodide, may explode if mixed with a nitrate.

Edward, the Confessor, is said to have been the first king who touched for the "King's evil" in 1058. The words, "I touch thee, but God healeth," were always pronounced by the sovereign when he "touched." During the reign of Charles II. the custom had reached such a pitch that in fourteen years 92,107 people were touched. According to Wiseman, the king's physician, they were nearly all cured. It was officially announced by Queen Anne in the London Gazette for March 12, 1712, that she intended to touch the public for the curing of the evil, and the touching for it remained a custom until it died out in the reign of George III., although the office had been removed from the prayer book in 1719. The custom was not confined to England, for Louis XIV. is said to have touched 1,600 people on Easter Monday, 1686, using the words, "Le Roi te touche, Dieu te guerisse." (The king touches thee, may God cure thee.")

BOOK NOTICES.

MANUAL OF GENERAL MEDICAL TECHNOLOGY, including Prescription Writing. By Ed. Curtis, A. M., M. D., Professor of Materia Medica and Therapeutics, College of Physicians and Surgeons, New York. Published by Wm. Wood & Co. (J. H. Chambers & Co., St. Louis.)

This little book consists of the lectures of the author on the subject indicated, and students will find such information in the book as will enable them to become acquainted with the symbolic part of prescription writing.

AIDS TO MEDICINE. Students' Aid Series. Part I. (Double part.) The General Diseases of the Lungs, Heart, Blood Vessels, and Liver. By C. E. Armand Semple, M. A., M. B., &c. Published by C. P. Putnam's Sons, New York. (J. H. Chambers & Co., St. Louis.)

This is a little paper cover book of 116 pages, and gives in more concise form, more complete ideas of the subject treated than any such book with which we are acquainted.

MEDICAL EDUCATION and the Regulation of the Practice of Medicine in the United States and Canada. Prepared by the Illinois State Board of Health, and published by permission of the Board. Revised and corrected to March 1, 1884. Published by W. T. Keener, Chicago. (J. H. Chambers & Co., St. Louis.)

This is a very handy book of reference of all the various Institutions of Medicine throughout the United States and Canada, both defunct and those still existing. It gives also the laws of the various States, regulating the practice of medicine. The whole is put together in a style and order that is at once creditable to the Illinois Board of Health and to the publisher.

BOOKS AND PAMPHLETS RECEIVED.

Classification of Children, Innocent and Incorrigible. A paper read before the Tenth National Conference of Charities and Correction, held at Louisville September 24-29, 1883. By W. P. Letchworth. Published from proceedings of Conference. (J. H. Chambers & Co., St. Louis.)

Medical Education and the Regulation of the Practice of Medicine in the United States and Canada. Prepared by the Illinois State Board of Health, and published by permission of the Board. Published by W. T. Keener, Chicago. (J. H. Chambers & Co., St. Louis,)

Arrest of Development, caused by Intra-Uterine Pressure. By J. F. Hendrix, M. D. Reprint from St. Louis Medical and Surgical Journal. (J. H. Chambers & Co., St. Louis.

Reciprocal Attitude of the Medical Profession and the Community. By Alexander Hutchinson, A. M., M. D. (J. H. Chambers & Co., St. Louis.)

Transactions of the Medical Association of the State of Missouri, at its 26th Annual Session. Held at Jefferson City, Mo., May 15, 16, 17, 1883. (J. H. Chambers & Co., St. Louis.)

Report of the Secretary of the State Board of Health, of West Virginia, for the years ending Dec. 31, 1881, 1882, 1883. Wheeling, 1884. (J. H. Chambers & Co., St. Louis.)

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THE WEEKLY MEDICAL REVIEW.

VOL. IX. No. 14. CHICAGO AND ST. LOUIS, APRIL 5, 1884. TERMS: $3 A YEAR.

THE OCCURRENCE OF SUGAR IN TOBACCO is the subject of an article by Prof. Attfield (Am. Jour. Pharm., March 1884), and is the result of an investigation to ascertain whether or not tobacco contains sugar and in what proportion. In testing for sugar he applied the copper test, the fermentation process and the polariscope. The copper test failed to show the sugar reaction, the reason of this is not explained and as he has taken the stand that tobacco does contain sugar, it seems rather strange that so reliable a test should fail in this instance since it has been proven by noted analysts to show the one millionth part of inverted sugar. One should allow due respect for a statement coming from so eminent a scientist as Prof. Attfield, but an undemonstrated theory contrary to past researches must be further verified to be accepted. All the samples which he examined yielded alcohol when fermented with yeast, and from this he draws the conclusion that sugar must be present in tobacco, but if this is the only manner in which it can be identified it is surely not conclusive. The polariscope did not indicate sugar in his tests, so this is another reason why the investigation needs further explanation. He intimates that this fermentable substance is a true sugar, but non-rotatory and calls it a "tobacose." He gives a table showing the results of his analysis. The average per cent of sugar in the specimens examined is 7.38 and of total saccharoid matter 10.39. If this fermentable subtance should be a true sugar, tobacco would be an important source of commercial sugar since other plants are cultivated for this product which contain no greater per cent of sweetness.

The officinal sugar cane contains only about 17 per cent of sugar, and the sweetness of plants which only contain 3 or 4 per cent is quite perceptible, but the sweetness of natural leaf tobacco is not recognizable.

We do not wish to be understood as doubting the result of Prof. Attfield's fermentation analysis, but surely this is due to some other substance and cannot possibly be a true sugar or else it could be verified by other tests given for that substance. The investigation of this fermented product should be carried on until its true composition is fixed beyond a possible doubt, and we think the article referred to well merits the consideration of scientific men the world over.

There is no doubt but that sugar or molasses is added more or less to prepared tobacco to modify the taste, but Prof. Attfield's investigation has only to do with products before entering the market, as his samples were procured direct from different plantations in the tobacco growing regions of the United States, and any one demonstrating his results should bear this in mind so as not to be misled.

JEQUIRITY—ITS ACTIVE PRINCIPLES.—We have not failed to keep our readers posted on the principle claims made relative to the advantage to be obtained from the use of jequirity in trachomatous affections of the eye, and we have, at any rate incidentally, referred the experiments detailed by Sattler, of Erlangen, by which he claimed to have demonstrated that the peculiar inflammation developed by the infusion of the jequirity was due to the activity of a special form of bacteria. The work detailed by the above author was undertaken by request of De Wecker, of Paris, and coming from one so well-known as Sattler and associated with such detailed work it was impossible for the

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unskilled in such investigations to indulge in a simple contradiction. The only course open for the incredulous who was unable to investigate was to wait patiently further developments. The eagerness of the medical investigation of the present day for absolute truth acknowledges no authority, but claims that any one or more investigators may have been deceived in some of the various steps associated with original work, and Sattler's work requires verification. This work was undertaken both in Breslau and in Copenhagen. In both cases the results furnished conclusions absolutely different from those advanced by Sattler. Dr. Neisser, who conducted the experiments made in Breslau, claims that the statement that inflammation is due to bacteria is not yet proven and that the claims of Sattler do not correspond to the facts. If, says he, the inflammation is due to bacteria, then must the following conditions hold: 1. There must be a distinct species of bacteria in the infusion. 2. Without bacteria the infusion will be inactive. 3. The bacteria of pure culture should at least have the same activity as the fluid containing the bacteria. 4. In the pathological product developed, conjunctival secretion and exudate, the infecting entity should be found and then when transferred to the conjuctiva of another animal the same affection should be developed.

As a matter of fact relative to the first condition, there does exist in the infusion as usually employed a well-marked form of bacteria which flourishes so abundantly that other forms are altogether in abeyance; but that the specific action of the infusion is to be attributed to this bacillus after repeated and varied experiments Dr. N., positively denies. He thus formulates the results of his observations: 1. An infusion which is free from bacteria exhibits the same activity as that which contains bacteria. The infusion was made so as to be free from bacteria by the rigid observations well-known to those acquainted with that kind of work. So long as the infusion was kept free from bacteria it remained active; but lost its activity after the development of the bacteria. 2. The use of the bacilli of pure culture in order to produce the characteristic ophthalmia was powerless. The bacilli were introduced into the conjunctiva in large quantities and often without any characteristic results. 3. I have never found in the secretions from the eyes affected with the jequirity inflammation, nor in the diphtheritic membranes any evidence of the bacillus. Micrococci I have found, but the characteristic bacillus never. 4. The application of the ophthalmic secretion to an eye not affected produces no inflammatory action. Dr. N. believes that the peculiar action is due to a substance existing in the bean which the chemists who have hitherto investigated the question have not been able to isolate :—an amorphous ferment.

The subject is also taken up at length and published in the same number of the Fortschritte der Medicin, from which we have extracted the above, by Dr. C. J. Salomonsen and M. Dirckinck-Holmfeld in Copenhagen. Here observers also found that that an infusion made with all due precautions remains perfectly clear and active practically, indefinitely as long as the bacteria are prevented from disturbing its influence.

On the question of the existence of bacilli in the secretions and exudations, they say: We could not find either in the pus or in the diphtheritic layer from the conjunctiva when examined under the microscope any bacillus. Sometime we found micrococci in the secretions. The membranes and pus moreover were taken from the eyes and an effort made to cultivate any special bacillus which might be present, but though certain forms of bacteria developed the special form which domineers in the infusion under favorable circumstances, never presented itself.

Pus was also taken by these observers from the afflicted eyes and an effort made to excite a similar affection in a healthy eye, but without producing anything more than the faintest conjunctivitis.

The characteristic bacilli of pure culture were without any effect rubbed into the conjunctiva also by these observers, and their

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conclusion naturally was that the effect was due to a special proximate principle existing in the jequirity bean; and their further efforts were directed to establish their belief, or convince them of their error.

Their observations showed them that the active principle was insoluble in alcohol, chloroform, benzine and ether; that it was comparatively slightly soluble in water but very soluble in glycerine. They were unable to extract any alkaloid, and expected the presence of an amorphous ferment. To establish this point, the jequirity seeds having been ground up the powder was treated with ten times its weight of pure glycerine, rubbed up well and allowed to stand for twenty-four hours, filtered and then precipitated with five times its volume of alcohol. This precipitate was again treated with the necessary means for purification, and the result dissolved in both water and glycerine gave the characteristic jequirity inflammation.

The smallness of the amount of the active princple necessary to produce the inflammation is very striking. The glycerine solution which corresponded to the one hundred-thousanth part of a gramme, developed the characteristic inflammation but one half the quantity produced no effect.

These two investigators thus sum up the result of their observations:

1. The jequirity inflammation is not the result of bacteria.

2. It is the result of an active principle in the seed, soluble in both water and glycerine, but insoluble in alcohol, chloroform, ether and benzine; and destroyed by a temperature of from 65° to 70° C., if sustained for an hour.

3. The quantity of the active principle contained in the $\frac{1}{100000}$ gramme of jequirity seed develops a well marked conjunctivitis. The poison when injected subcutaneously in mice or frogs quickly kills.

We have given this much space to this question because of its intrinsic interest. It is not likely that a substance as active will in these days of rigid investigation be confined to observation on trachomatous eyes. The investigators above referred to have not yet given a name to the amorphous substance which they extracted, but as we are likely to hear from them again on this subject, we have no doubt they will suggest some appropriate appellation. The bacillus, in this case at any rate, has to take a back seat.

A CASE OF SYMMETRICAL VITILIGO is reported by Dr. A. H. Ohmann-Dumensil. The white spots were two in number, one on each side of the chin, almost the size and shape of a dime; the beard growing from them was perfectly white. Although the immediate cause of the affection is an absence of pigment cells, it was supposed that in this case a nervous influence might play a part, from the fact that the spots were symmetrical,and also from their shape. These reasons seemed to warrant a supposition that the cause was due to a trophic nerve disturbance, translating itself into this affection of the skin; and the fact that in these cases there is sometimes spontaneous recovery or arrest would seem to give probability to such a supposition. Duhring inclines to this opinion, or least that it is due to some defect of innervation. This, however, will not be more definitely settled until the true anatomy and distribution of the nerves of the skin shall have been demonstrated in an unequivocal manner.

The treatment suggested consists of three general methods; the first was based upon the supposed etiology of the disease,and consisted in the application of the galvanic current, an ascending one being preferred. This would stimulate the nerves in a manner not to be equaled by any other means and would be unaccompanied by any deleterious results. The second method proposed was a local stimulant to act upon the blood-vessels, induce a greater flow of blood, and by that means endeavor to bring about a deposit of pigment cells; the flow at the same time decreasing the number existing at the periphery. For this purpose the acetum cantharidis was given the first place as a remedy. The third was a purely cosmetic agent. This consisted in using a burning glass, and endeavoring to tan the

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spots so as to acquire the same color as the normal skin possessed.

The patient promised to carry out one of the first two methods, and being a medical man his statements could be relied upon. He chose the application of acetum cantharidis. He was told to hope but little, as the disease is considered ordinarily incurable, and that the spontaneous cures are very rare. Also that though the spots might not entirely disappear, an arrest of the process could take place.

In November, 1883, he stated that he was greatly improved; the spot on the right side scarcely noticeable and the one on the left has oases of colored hair which greatly obscure it. He adds: "I have been negligent in treatment for some time."

The questions which naturally arise, are whether this amelioration is spontaneous or not; and, if due to the agent employed, would a persistence in its use eventually lead to a cure, or complete arrest in the process? They can hardly be answered at present and indefinitely until investigations in the etiology of this disease and in the innervation of the skin have arrived to such a state of perfection as to be demonstrable facts.

Diphtheria and its Contagiousness.—Diphtheria sometimes manifests itself with such different degrees of violence, both with reference to its contagiousness and its mortality, that obliges one to feel that there must exist special difference in the various cases classified under the same name which investigation hitherto has failed to exhibit. To illustrate its remarkable power with reference to its infectiousness — or contagiousness — we quote Wm. T. Smith, M. D., in the Medical Record:

"Some facts which have recently come to my knowledge concerning the contagiousness of diphtheria will, I think, interest your readers.

"In October last, a child recently brought to the town of Royalton, Vt., was attacked with the disease. There was no other case in town at the time. A homœopathic physician from the village of South Royalton attended it. The child died. Its mother took the disease and recovered. The doctor's family consisted of himself, his wife and three children. He took it, and his youngest child, five months old, was also taken sick. His wife came down with typhoid fever at about the same time, and it was necessary to put the baby in other hands. It had no appreciable throat symptoms, but a bad sore on its toe. He did not regard this as diphtheritic, and when a neighbor offered to take it home, he allowed her to do so. The family of this neighbor, Mrs. H., consisted of herself, her husband, two boys of seven and nine years, and a nursing baby. In a few days after the doctor's baby was taken in, her baby had diphtheria and died. Her husband, herself, and one boy also had it; the other boy escaped. The doctor's baby was then handed over to Mrs. S——, who with her husband lived on a hill-top, two miles out of the village where the cases last mentioned occurred. She engaged a young woman, Miss L. S——, to take care of the child. In a few days Miss L. S—— had diphtheria and went home. She lived also out of the village, in another direction. The family consisted of her father and mother, herself and three brothers, adults. Her mother and one of her brothers were taken. She also gave it to another person of whom I shall speak later. To return to the little bearer of contagion, the doctor's baby. Mrs. S——, having lost her nurse, handed it over to Mrs. D——, in the village. In Mrs. D——'s family were herself, her husband, and three children, the eldest a boy of eighteen, then a girl of sixteen, and a boy of eight. These three children sickened within a day or two of each other, soon after the arrival of the baby, and all three died within four or five days. The baby was then taken to another town, where it recovered. These events occurred in October and November. Miss L. S——, previously referred to, had a serious illness, followed by paralysis of the palate and ocular muscles, but by December 1, was able to go out of town on a visit. She remained away two weeks. Immediately after her return, an in-

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timate lady friend of hers,not residing in town, visited her, spending two or three nights with her. Five days after this visitor, Miss H——, had sore throat and diphtheritic symptoms. They were mild, and a week later, as she felt well, with the exception of some remaining soreness of the throat, she went to the adjoining town of Tunbridge, to the home of Mr. C. L——. In this family were four, the father and mother, a girl of sixteen, and a boy of eleven. In four or five days after Miss H——'s arrival, the girl was attacked with a malignant form of diphtheria and lived only a few days. The boy came down next, and then the father and mother. These all recovered.

"Royalton is a healthy farming town. There was not another case of any description besides those mentioned, which followed a line of direct communication from the original case through the doctor to his family, through his baby to every family it entered,and finally through a visitor of one of the convalescents to the family in Tunbridge."

AGARICIN IN THE NIGHT SWEATS OF PHTHISIS.—Of late agaricin, the active principle of the agaricus albus, a fungus found on the European and Canadian larch, has been advocated as an efficient agent in the troublesome night sweats of phthisis. Seifert has reported twelve cases of phthisical patients and one of excessive perspiration from a paralysis treated satisfactorily with this remedy. The observations have been continued by Professor Riegel, and reported by his assistant, Dr. Proebsting (Centralblatt f. Klin. Med., No. 6, 1884).

The agaricin has been used by this observer since November, 1882, and the formula employed has been the one recommended by Dr. Young in the Glasg. Med. Jour. in March, 1884: ℞. Agaricin, 0.5; pulv. doveri, 7.5; rad. alth. and mucilage aa, 4.0. Make 100 pills. The results of the observations arising from the exhibition of several hundred doses is that in the majority of phthisical patients the night sweats cease or are greatly diminished after the exhibition of the first dose, and that two pills, in those cases where one (0.005 agaricin) only diminished the perspiration, had the full effect. One patient, however, with very profuse phthisical night sweats was not much influenced by 0.01 gramme of agaricin and three others were not influenced at all by still larger doses. In two of the three mentioned 0.001 of atropine was also without effect.

Their experience showed them that the action of the drug was manifest very quickly after its administration. For example, to one patient who was found in a state of excessive perspiration two of the above pills were given and in a half hour after the sweating had ceased. To another who was suffering from endocarditis with large drops of perspiration on the chest in a brief time after the taking of two pills the skin was dry. In other patients, especially those suffering from phthisical night sweats, the full action of the agaricin was not exhibited for several hours. After having taken a pill for a few nights in succession the perspiration would cease for several nights. In some cases after the reappearance of the sweats it was necessary to double the dose in order to obtain the effects first obtained by a single pill.

No injurious effect either on the alimentary canal or the nervous system was observed by a continuation of the remedy. In only two cases, one an alcoholic with cirrhosis of the liver, and the other a consumptive, were any unfavorable sensations complained of.

In general, then, we can testify that agaricin in doses of 0.005 to 0.01 gramme, say from .09 to .16 of a grain in most cases checks profuse perspiration. That in some cases it operates very quickly while in others it requires several hours to produce its effect. That its effect is sustained for several days and that only exceptionally does it produce any unpleasant effect.

THE OPERATION OF ELYTROTOMY IN EXTRAUTERINE PREGNANCY is so infrequently performed (Medical News), that the successful case reported at a late meeting of the Academy of Medicine of Paris, by Pinard, cannot

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fail to be of interest. The subject was thirty-one years old, pregnant for the third time. This pregnancy was marked by acute pains in the abdomen, inability to engage in her usual avocations, and necessity for remaining recumbent. At the end of pregnancy the ordinary symptoms of labor, though in a less degree, occurred; these passing away, were followed by enlargement of the mammary glands,as after normal labor. At the end of two months the abdominal tumor, which had remained stationary from the time of the symptoms of labor, rapidly doubled its size. This increase was due to an accumulation of liquid within it; simultaneously acute pains in the abdomen, difficulty in micturition and in defecation, and grave general symptoms appeared. Tarnier being consulted, advised the operation by the vagina, because of the great prominence which the tumor offered in the posterior vaginal cul-de-sac. Pinard incised the salient part of the vagina, and removed the fœtus; the placenta was adherent, and no attempt was made to remove it, but the cystic cavity was injected every two hours with a solution of corrosive sublimate, 1 to 2000. The injections were continued eighteen days with the same regularity, when the spontaneous detachment of the placenta and its discharge occurred; there was no indication of mercurial poisoning, or septic infection. The patient was well in a month, showing only a long, red cicatrix in the vagina. It is stated that only one other case is known presenting the same conditions and followed by success. But we need but refer to Deschamp's monograph upon extrauterine pregnancy, Paris, 1880, to find two similar cases; one occurring to Schroeder, and the other to an English practitioner, while successful elytrotomy in early pregnancy has been twice done in New York, once by Harrison, and once by Thomas.

Dr. Goodell's Cases of Ovariotomy during the preceding twelve months were reported by him in a paper read before the Philadelphia Obstetrical Society Feb. 7. The number of cases was 25; deaths, 7; of this number eleven were operated upon at the University Hospital with one death; ten at their own homes with five deaths; four at his private hospital with one death. The majority of his mortality he attributes to three causes: 1st, the cases were ill at the time of operation. 2d, the cases had been tapped and many had postponed the operation too long. 3d, the cases operated upon at their homes, which were so distant as to prevent frequent professional visits and care. His statistics were not as favorable as those of some of the English ovariotomists, and this was because he never refused to operate. In confirmation of this he quoted from Dr. Sutton's statement at the last meeting of the American Gynecological Society, "that Billroth was the only one among European ovariotomists who refuses to operate upon nothing that deserves the chance of life." His success amounts to about 65 per cent, whilst one of the most successful of British ovariotomists does not remove very large tumors, viz., those which weigh from sixty to sixty-four pounds, with extensive adhesions, etc. Dr. Goodell in the discussion afterward stated that he referred to Mr. Tait. In the Obstetric Gazette for January the following communication appears from Mr. Tait:

"7, The Crescent, Birmingham. Jan. 11, '84.

"Sirs: My attention has been drawn to a statement in your columns by Prof. Goodell to the effect that British ovariotomists do not publish their incompleted operations nor the cases on which they decline to operate. This may be true of some of my countrymen, but I desire to point out that of one at least it is not true. I never have in a single instance declined to operate, and I publish every operation I perform in its order of date and in its proper series. I forward you an example of my method of publication, than which you will see nothing can be more complete, and you will see that my ovariotomy mortality is under four per cent—as a matter of fact it is now under three per cent.

I am, etc.,

Lawson Tait.

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CYSTS OF THE PANCREAS.

BY DR. ROBERT LUEDEKING.

Read before the "Gerein Deutscher Aerzte," Feb. 15, 1884.

GENTLEMEN: From the very spare literature on diseases of the pancreas in general it is apparent that the affections of this organ, that is of such great importance in vegetative physiology, have as yet been but little investigated as to their clinical and pathologico-anatomical characteristics. The development of the anatomical and pathological knowledge of this gland was very slow and tardy. The pancreas was believed to be the seat of multifarious and most inexplicable diseases, and not until after the discovery of its excretory duct by Wirsung, 1642, was the gland recognized as a secreting organ. Subsequent to the perfected knowledge of the anatomy and physiology, valuable casuistic contributions to the pathology were made in the 18th century, and especially in the most recent period more general attention has been directed to the study of the gland. The relative scarcity of diseases of the pancreas, the frequent lesions that may coexist in other neighboring viscera, and the deep, hidden position of the pancreas are circumstances that stand in the way of a rapid development of diagnosis. Also the fact that the physiological functions of the pancreas are not specifically its own. In choosing the cysts of the pancreas in especial for my subject I do so because these particularly seem to be possible objects for clinical diagnosis and because I am able to present a specimen of such a cyst. Besides, an experience of the most recent time teaches that surgical interference for the cure of such formations is possible and well indicated. From Friedreich's Compendium of the entire literature of this subject it appears that, as in other acinose glands, we meet with retention cysts in the pancreas principally. Retention of the secretion and dilatation of the excretory duct are the principal factors in the process. According to the location of the occlusion of the ductus Wirsungianus the result is a total or a partial ectasia and we may get an irregular rosary-like or a simple globe-shaped dilatation. Through multiple ectasias of the lateral branches of the ductus Wirsungianus there results a formation which Virchow styles "Ranula Pancreatica," analogous to the similar pathological change of the sublingual glands. The increasing volume of the cysts or the cystic formation naturally leads to a progressive atrophy of the glandular tissue and to chronic inflammatory alteration of the interstitial connective tissue; and both these circumstances contribute to a gradual waste of the secretory elements and a thickening of the cystic walls. Such supervening processes will also modify the original contents of the cyst; muco-purulent changes and hemorrhagic admixture ensue, especially in old and voluminous cysts, and such processes may lead to pigmentary alteration and to the formation of concretions. As causes for the retention of the normal secretion Friedreich quotes the formation of caleuli in the ductus Wirsungianus; again, interstitial inflammation and connective tissue hyperplasia; or neoplasms, both of a malignant or benign nature; or catarrhal occlusion of the chief duct, may cause cystic degeneration; also peri-pancreatic formations or biliary calculi that become wedged in the terminal portion of the ductus choledochus and simultaneously compress the ductus Wirsungianus have been known to cause pancreatic cyst. Klebs describes an acne pancreatica consisting of minute multiple vesicles, distributed through the parenchyma and projecting from the surface as a consequence of diffused interstitial inflammation.

The diagnosis of cystic degeneration of the pancreas is possible as soon as the cyst has attained a considerable volume. Then a tumor may be apparent that may present symptoms of fluctuation, that is round or oval, is of smooth surface and of deep seat, corresponding to the location of the pancreas and that can be bounded and proven separate from the liver on the one side, the spleen on the other and is covered by the stomach or intestinal folds. It is not clear from Friedreich's monograph if actually such a diagnosis was ever made during the lifetime of the patient. He fails to make exact statements in regard to the size of the cystic degenerations that he cites, only in the case that Bécourt describes in his thesis "récherches sur le pancréas," Strassburg, 1830, it is stated that the size was that of an infant's head. Friedreich speaks in very general terms of the diagnosis of cyst and remarks that the absence of severe epigastric pain, of cachexia, etc., may serve as points of differential diagnosis from cancer of the pancreas. He also refers to fatty stools and diabetes mellitus as a frequent accompaniment of pancreatic lesion. In two cases that Revklinghausen describes in "Virchow's Archiv" there was formation of ranula pancreatica in individuals that were pronouncedly diabetic. Further, cystic tumors may exhibit a pulsation imparted by the abdominal

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aorta and thus resemble aneurism of this vascular trunk. Further, as a complication consequent uponcompression of the ductus chold ochus or hepaticus, icterus may become established and secondary peritonitic irritation and manifold adhesions may become associated with the original tumefaction and bring about considerable diagnostic difficulties.

As a further source of cystic formation in the pancreas hemorrhages are to be cited. Most conditions of this character are due to hyperæmia due to organic diseases of the lungs, the heart and the liver. Such hemorrhages then follow interstitial formative alterations and the extravasations so formed undergo the usual retrogressive changes. Under circumstances characterized by previous alterations and degenerations in the circulatory apparatus enormous hemorrhages may ensue into the substance of the pancreas, and such considerable hemorrhages lead to the formation of the so-called apoplectic cysts. These may be distinguished from retention-cysts by their extremely rapid development. An example of such an apoplectic cyst is the case of Stoerk, 1760. "A woman 28 years of age in good health was during her menstrual period seized with violent vomiting; together with the sudden cessation of the menses a pulsating tumor rapidly developed in the epigastric region. After three and a half months the patient was again seized with severe vomiting and diarrhœa, and death ensued soon after. The post-mortem showed that the pancreas had been altered into a large sack, 13 pounds in weight with its contents, which consisted of clotted and liquid blood. The formation was due to the rupture of a larger vessel in the midst of the pancreas." This description leads us to a case of operative treatment of pancreatic cyst that Gussenbauer, of Prague, undertook and reported at the "XII Congress der DeutschenGesellschaft fuer Chirurgie, Berlin, 1883." A man, æt. 40, had been ill with the symptoms of acute gastric catarrh attended by violent vomiting for 8 weeks. A rapidly growing tumor appeared in the epigastrium. The tumor lay behind the stomach and presented fluctuation. It was therefore considered to be a retroperitoneal tumor, probably a cyst. There were no inflammatory symptoms. For the purpose of diagnosing this peculiar condition Gussenbauer proceded to laparotomy. After opening the abdominal cavity in the linea alba he separated the stomach from the colon transversum and the smooth surface of tne cyst came to view. After stitching the parietal layer of the peritoneum to the cystic wall he first punctured the cyst and thereupon made a broad incision. There were discharged about 1900 c.c. of a fluid that Gussenbauer describes as resembling a solution of poor India ink in water. The cyst was retroperitoneal and its inner surface was partially smooth and partially covered with villous excrescences. Examination showed that the fluid consisted of altered blood. Under the antiseptic dressing that was applied there developed an eczema proceding from the margins of the wound. It was observed that a discharge came from the wound, and examination revealed that the fluid was alkaline, digested albumen and converted starch into sugar. Therefore the case was cyst of the pancreas. Gussenbauer supposes that the case was one of haematoma of the pancreas, which had undergone cystic alteration through the digestive action of the pancreatic secretion.

With reference to the specimen I present, I desire to enter upon the consideration of the symptomatology of pancreas-disease. In the case in question the affection extended over about 1¼ years. The anameosis gave uncertain report of attacks that may possibly have been biliary colic. At any rate the attacks were in paroxysms and pain was especially localized in the region of the liver.

The existing complaints were symptoms of indigestion, loss of appetite, nausea, above all a feeling of lassitude, and weakness and an abnormal perception of the peristaetic movements of the gastro-intestinal tract. The physical examination showed a considerable dilatation of the stomach and the inspection of the upper abdominal region revealed undulatory movement of the abdominal parietes from gastro-intestinal peristaltic motion. Palpation revealed a peculiar dull-tympanitic gurgling that was also perceived by the patient even when perfectly quiet, being caused by the motion of the intestinal contents. After about three months there could be distinctly palpated, lying behind the stomach and transverse colon, a swelling that very soon also become manifest to the patient through an increasing sensation of heaviness and traction in the epigastrium, together with progressing emaciation the abdominal girth increased. The stomach and the transverse cocolon were before the tumor and firmly pressed against the abdominal parietes. The tumor was of elastic resistance and perfectly smooth surface, at timcs there appeared to be a pulsation, which however was but transmitted. With the increasing size of the swelling œdema of the ankles and ascites developed through venous engorgement. The ascites increased to such a degree that the fluid had

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to be drawn off. And strange to say the hydropic accumulation never returned again to the same degree. But there appeared at this time considerable jaundice that continued to the exitus letalis nearly a year thereafter and at the same time there became established considerable polyuria. The growth of the tumor ceased about one-half year before death. From the clinical features of the development of the swelling and the absence of a pronounced cachexia it was surmised that the growth was not a malignant one. The cystic nature of the tumor was rendered probable by the smooth surface and the elastic resistance. The seat of the tumor indicated a retro-peritoneal position and a possible implication of the pancreas. For the tumefaction occupied the middle-line with subsequent extension to the left. The tumor was well defined and separate from both the liver and spleen, at any rate in the earlier period, and the subsequent development of jaundice was considered due to mere mechanical influence. Withal there were lacking the symptoms that so frequently attend pancreatic affection. Thus for instance at no time were there fatty stools, which by some observers have been regarded as pathognomonic of pancreas-disease. • This absence of fatty stools is the more strange since an almost complete retention of the biliary secretion existed and the emulsifying influence of the bile was almost totally lacking. The stools appeared nearly always somewhat colored, possibly with blood pigment due to the veinous stasis. The fat that was but moderately partaken of must have been emulsified by the succus entericus together with such bile as may still have been discharged into the intestine. In several recent reports we learn that in some instances, where there were fatty stools, even more fat was discharged than had been taken in with the food. If these statements are correct the source of this excess must be sought in the rapid tissue-waste. The lipæmic blood, it is supposed, discharges its fat through the vessels of the intestinal mucosa. Some cases are quoted in which fat was discharged with the urine. This phenomenon is explained in a similar manner, *i. e.*, rapid tissue-waste. Of great importance is the circumstance that diabetes mellitus and pancreatic disease are often associated. This fact has been established in a considerable number of cases. In some of these the pancreas-anomaly seems to be secondary; for instance, fatty degeneration and other involution of the gland may exist as a part of the general nutritive disturbance. On the other hand, however, primary pancreas-disease and consequent diabetes mellitus are found Popper endeavors to explain the development of diabetes after pancreas-disease through the disturbance of that function of the pancreas that disintegrates fats into fat-acids and glycerine. He is of the opinion that but few or no fatty acids reach the liver there to form bile-acids with the glycogene of the liver. The glycogene therefore passes over into sugar. Experiments of Munk and Klebs, however, tend to show that pancreas-disease as such is not causative of diabetes. They executed total removals of the pancreasand ligations of the ductus and never saw diabetes follow. However, the removal of the ganglion solare was always followed by diabetes. Munk reports a case of a diabetic patient, the post mortem of whom exhibited a pancreas-anomaly and also atrophy of the ganglion solare and the plexus solaris. Munk calls attention to the intimate anatomical relation of the pancreas to the above named nerve-elements and explains diabetes with pancreatic diseaseas due to an implication of these nerve-elements and a consequent vaso-motor paralysis of the territories supplied by the arteria coeliaca and the mesaraic arteries. Ralfe, in his "Clinical Chemistry" states that a reduced alkalescence of the blood may produce such vaso-motor paralysis, as proven in the glycosuria in uric acid dyscrasia; thus, the absence of alkaline pancreatic secretion might be productive of a reduced alkalescence of the portal blood and so cause vaso-motor paralysis and diabetes. In our case there was no diabetes mellitus, but a well pronounced diabetes insipidus. I have not found a similar experience quoted. I find however that Uhle-Wagner states that Pettenkofer and Voit are of the opinion that in both diabetes mellitus and diabetes insipidus albumen and fat are disintegrated in large quantities, but that in diabetes insipidus the oxydation is carried on until only carbonic acid and water remain; that therefore simple diabetes is distinguished from the diabetes mellitus only by the absence of sugar.

Gentlemen.—The cyst I submit for your inspection is of much larger size than any I have found reported. It is fully double the size of that reported by Gussenbauer. The cyst wall has attained the thickness of fully one-fourth of an inch in places. From sections I have made it appears that the walls consist of fibrillated connective tissue. The inner surface of the cyst is smooth. The contents were of a dark brown color and the morphological elements were those of disintegrated blood. As you see, numerous and firm adhesions with the stomach, the transverse colon and several intestinal folds have taken place. The cyst itself is retro-peritoneal.

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The duodenum has become much stretched and stenosed. The ductus choledochus in its terminal portion is almost obliterated and a considerable dilatation of the hepatic duct and its ramifications in the liver has taken place. No vestige of the gland-structure of the pancreas remains. From the clinical development of the case I am of the opinion that we have here a combination of a retention-cyst together with profuse apoplexies at a still early period of its development. Death ensued from an intercurrent acute peritonitis.

ON THE BACILLARY DOCTRINE OF PHTHISIS.

BY DR. L. BREMER.

Read before the St. Louis Medical Society, March 15, 1884.

[CONCLUDED.]

A great deal of confusion was afterwards produced by the experiments of Cohnheim who believed to have found that the injection of indifferent material, of dust, earth, etc., could give rise to the disease. A careful review, however, and a repetition of the experiments convinced him that it was only true tubercular matter that was capable of establishing the typical disease. Although he could produce a nodular affection by the introduction of indifferent substances into healthy rabbits or guinea pigs, he found that the life history of those nodules differed widely, by their innocuousness, from the progressive and destructive character of true tubercle. Since then the evidence abounds in literature that the cheesy material gathered from pthisical individuals and inoculated in animals will produce tuberculosis and that the non-specific caseous matter derived from other sources gives rise, at most, to localized affections, but not to a constitutional disease.

In England Wilson Fox and Burdon Sanderson asserted more than ten years ago that in certain animals, especially guinea-pigs, indifferent materials when injected under the skin, or even common setons, were productive of tuberculosis. At their solicitation Dr. Williams of London, repeated the experiments, taking care to avoid all sources of error, and invariably obtained negative results with other than true tubercular material. Thereupon Wilson Fox admitted that there must have been a mistake on his part and unconditionally recognized the correctness of the conclusions arrived at by Cohnheim, Klebs, Koch, and others. This announcement was made about three months ago, and an account of it may be found in the London Lancet of December, 1883.

Kuessner of Halle injected tubercular sputa into the trachea of rabbits and dogs. The trachea was opened under antiseptic precautions and healed by first intention. Tuberculosis followed every time, whereas non-tubercular sputa did not produce any disease.

In order to prove that it is the bacillus, and not any other substance contained in tubercular masses, Koch cultivated and inoculated it with the known success. These cultures have since been repeated a great number of times with results confirming the correctness of Koch's statements. Watson Cheyne, in a paper read before the "Association for the Advancement of Medicine by Research" reported that he vaccinated with cultivated bacilli obtained from Koch twelve animals in the anterior chamber of the eye. Every one became tuberculous, and even in a shorter time than those inoculated with crude tubercular material. The tubercles thus obtained were infectious and produced, in their turn, tuberculosis in other animals. Bacilli were found in every case.

The bacillus, is, however, not a universa poison, as remarked before. There must be, for a successful transplantation to take place, a favorable soil for it, a predisposition. The bacillus alone is not sufficient to give rise to the infection. The diathesis must be there. The diathesis seems to be naturally present in certain species of animals and is more or less frequently met with in the human race.

All the low vegetal organisms, pathogenic or indifferent, show, when cultivated, certain preferences for certain soils, on which they grow luxuriantly, whilst on others they barely subsist or perish altogether. They comport themselves in this respect like plants of a higher organization.

We have, therefore, the right to infer that if the tubercle bacillus on being inhaled or otherwise introduced into the system, falls on a soil adapted to its development and reproduction, disease will follow; the unfitness of the tissues for its growth constitutes immunity.

As a genial soil peculiarly adapted to the requirements of the parasite under discussion must be considered scrofula. By this I understand, with Virchow, not a disease proper, but that anomaly of the constitution which is characterized by an excessive vulnerability,

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a tendency to catarrhal affections and to swelling of the glands.

But it is not the scrofulous diathesis alone that offers the favorable conditions for the invasion and colonization of the bacillus. Anything that exerts a depressing effect on the vitality of the organisms must be considered a predisposing cause of phthisis.

The pthisical diathesis may, therefore, be congenital, i. e., of a scrofulous nature, or acquired.

Among the diseases and conditions that facilitate the invasion of the body by tuberculosis I will mention common inflammatory processes along the respiratory tract, diabetes mellitus, long continued lactation, child-bed occurring in quick succession, suppuration, psychichal depressions and, in children, whooping cough and measles. The principal part, however, in the production of the disease is played by the predisposition proper transmitted from phthisical parents to their offspring, and a local pulmonary vulnerability.

Tuberculosis is not a hereditary disease like syphilis. No authenticated case of congenital phthisis is on record. The earliest period of life in which the disease became manifest was three weeks after birth, a sufficient time for post partum infection to take place. For we know that experimental tuberculosis in animals will appear in from ten to fifteen days after inoculation. Thence we must assume that the so-called heredity of tuberculosis is in reality a combination of circumstances favorable to the production of the disease in the offspring, a combination that consists in the transmitted diathesis and the daily and intimate contact with phthisical parents.

Whether all of the cases of pulmonary phthisis supervening on other diseases are of bacillary origin, or whether they are cases presenting all the anatomical and chemical characteristics of the affection and still are of a non-specific origin, seems to be an open question. At all events, there is a case on record of phthisis supervening on diabetes mellitus, in which the bacillus was missing in the sputa, although the latter contained many elastic fibers owing to destructive processes going on in the lung.

Granted that the typical cases of tuberculosis are due to a specific organism,how does the latter gain access to the system?

There is a possibility that milk from phthisical mothers, or from cows affected with bovine tuberculosis can give rise to the disease. Klebs believes strongly in this mode of infection. But experiments instituted have been attended by negative results and the bacillus has not yet been demonstrated in the milk of either tuberculous women or cattle. On the other hand, it is highly probable that tubercular sputa when swallowed will bring about tubérculosis of the alimentary tract, either by self-inoculation of persons suffering from pulmonary phthisis only and swallowing their own sputa, or by swallowing the sputa of another person. The freedom from tuberculous processes of the stomach and the duodenum would indicate that the secretions of those parts of the alimentary canal are antagonistic to the development of the germ.

Cohnheim believes it possible that tuberculosis of the genito-urinary organs may arise in man from cohabitation with a woman who is affected with uterine tuberculosis. Another suggestion of the same author that an invasion of the bacillus into the meninges of the brain may take place from the nasal cavity through the cribriform plates of the ethmoid bone, seems to be substantiated by an observation of Demme (Berlin. Klin. Wochenschr. 1883, No. 15.), who found the bacillus in the nasal secretions of a child, eight months old, suffering from scrofulous ozœna. The patient died shortly after from tuberculous meningitis. The autopsy revealed tubercles and ulcers in the mucous membranes of the nose, containing bacilli. There was no family history of tuberculosis, but the child was being raised in a family where the father had acute pulmonary phthisis. The disease showed itself two months after entering that family, when the child was six months old.

The usual channel of invasion is doubtless the air passages. Inflamed and abraded places in any portion of the bronchi and and trachea or in the air-vesicles are particularly accessible to the parasite. It is above all the epithelium of the air-vesicles that is remarkable for its absorbing qualities. It will, as is well-known, take up under normal conditions minute particles of all kinds, and in croupous pneumonia enormous amounts of infiltrated masses are absorbed in a few days.

Hence it is not to be wondered at, when such minute bodies as the tubercle bacilli pass through the epithelial lining with the greatest of ease. Once in the tissue, they exert their specific influence forming either the typical, miliary tubercle or the infiltrated form of phthisis leading to necrobiosis and cheesy degeneration.

This brings us face to face with the old standing question as to the unity of all phthisical processes as taught by Lænnec and de-

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nied by Virchow, Niemeyer and their followers who upheld the duality of phthisis.

Lænnec's view is in substance as follows: There is but one kind of phthisis and that is the tuberculous kind. All others are but the sequelæ of this, the original and typical form, of miliary, disseminated tuberculosis. A tubercle is a specific neoplasm, a tumor without blood-vessels, of limited growth and definite form having a tendency to undergo caseous degeneration. By a conglomeration of many tubercles the centre may caseate and eventually be converted into a cavern, whereas an inflammatory process is set up at the periphery. The formation of tubercles, then, is the primary affection in phthisis, on which pulmonary inflammations and their consequences supervene. Pulmonary phthisis is a specific disease which can never be produced by simple colds or non-specific inflammations. The etiology of phthisis of any form is the same, it always begins with the tubercle; hence the common name of "tuberculosis" for all the various manifestations of disease.

Niemeyer, supported by the results of Virchow's pathologico-anatomical researches forcibly combated and succeeded in upsetting Lænnec's doctrine. Virchow had shown that anatomically phthisis may be of a tubercular (nodular, tumor-like), and of an inflammatory character, that, in the great majority of cases, the formation of tubercles was dependant on and secondary to chronic cheesy inflammation and that those cases are very rare, although they do exist, in which miliary tuberculosis is found without the residues of a previous inflammation or a cheesy focus.

Etiologically, Niemeyer asserts tubercles may arise when a croupous, an acute or sub-acute catarrhal pneumonia has resulted in caseous infiltration, a view adopted since by the greater part of the medical profession.

Koch's discovery has revived the old dispute and led to discussions on the unity or duality of phthisis.

The new school, reasoning from the fact that in both forms of phthisis, in the tubercular, as well as in the infiltrated, the specific bacillus is found, and that both forms can be produced experimentally by material containing the parasite, do not hesitate to proclaim the unity of the disease thus re-establishing to a certain extent, the old doctrine of Lænnec. This way of reasoning is considered by some not to be free from objection.

Clinically it must be admitted that there are no two more dissimilar diseases than the typical miliary tuberculosis and the common forms of infiltrated cheesy pneumonia.

The other objection is an anatomical one. Up to the present day true tuberculosis, as it occurs clinically, that is to say, that affection which consists in the formation of disseminated nodules having the characteristic cellular structure of true tubercle and replacing lung tissue, not merely infiltrating it, in short the "granulation tumor" of Virchow, has not been produced, as yet, artificially, neither by forcible inhalation nor by inoculation.

The kind of phthisis produced experimentally presents either the diffused infiltrated form, or disseminated, miliary broncho-pneumonia. The latter resembles microscopically typical miliary tuberculosis, but differs from it histologically in so far as the nodules present under the microscope small circumscribed infiltrated portions of lung tissue.

Although there exists this difference between clinical and experimental miliary tuberculosis, the life history of the nodules is the same, both undergoing necrobiosis and caseation. The bacillus is found in both in greater or less quantities.

In two cases of recent miliary broncho-pneumonia occurring in children I found the bacillus in very small numbers and with great difficulty, whereas in typical tubercle its demonstration in the giant cell was in all cases comparatively an easy matter. Whether this scarcity of the parasite in the former is due to the recentness of the affection, contrary to the assertion of Koch, contrary also to the experience in phthisis, where the micrococci are observable in the first, and disappear in the latter stages of the affection; whether the bacillus becomes more frequent after the retrogressive changes have set in, or whether they cannot be made to appear so distinctly on account of the mass of nuclei interfering with the translucency of the microscopical sections, I am unable to determine. It may be that with an Aeby's illuminating apparatus, as recommended by Koch, and with a homogeneous immersion-lens they might be made to appear in greater numbers.

The anatomical identity of phthisical processes was shown long before the etiological proof was given by Koch. Friedlander (Volkmann's Klin. Vorles., Ser. III, No. 64.), by a series of careful investigations proved that the dualistic view of Virchow and his school was untenable and that, histologically, there is no difference between caseous pneumonia or broncho-pneumonia and miliary tuberculosis proper, a view that has, among others, the support of Charcot and Cohnheim.

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Thus the question stands as to etiology and anatomy. The last word has not yet been spoken in the matter, and Virchow and his followers, whose number, it must be admitted, are continually on the decrease, do not consider the arguments advanced sufficient to abandon the duality and accept the germ-theory. Stricker does not believe in the latter and considers phthisis in all its manifestations simple, non-specific inflammatory processes, differing only in so far from the typical course, as their products do not become either absorbed or organized, but undergo metamorphosis. The researches, however, instituted at his laboratory and under his supervision with the object of testing the assertions of Koch cannot be considered a success. They do not, as alleged, invalidate the discovery.

There is another old and obdurate problem which has been revived by the discovery of the tubercle bacillus, namely the relationship between phthisis and scrofula.

Koch stated in his first paper that he had found the bacillus in scrofulous fungoid affections of the bones and in caseated lymph glands. The extremist at once concluded that the missing link in the chain of evidence was now found, proving the identity of both affections, a belief held by a good many physicians and ante-dating Lænnec.

In order to settle this question Kanzler (Berl. Klin. Wochenschr., 1884, No. 3.) examined thirty-five cases of so-called scrofulous affections of various kinds. He found the bacillus in a small portion of his cases, in the severer forms of local scrofulous affections, but in no case of simple, general scrofulosis. He comes to the conclusion that scrofula is a disease sui generis, that it and phthisis are different things and that there is no other relation between them than that of the soil on which a plant preferably grows to the plant itself.

The discovery of the bacillus has not only a theoretical value but also an eminently practical one. Aside from its importance as to prophylaxis, disinfection, etc., we are enabled, under favorable circumstances, to diagnose cases of phthisis even at a stage when physical exploration gives negative results. It is the safest and most positive diagnostic means we possess. Ehrlich, Frænzel and Balmer examined many hundred cases, always with the same result i. e., the presence of the bacilli in the sputum. Of course, they controlled their results by examining sputa coming from non-phthisical patients, where the bacilli are found missing.

In cases of recent miliary tuberculosis the bacillus may be absent in the sputum. Again, the bacillus previously demonstrable may disappear when a cavern heals or when, in spite of there being an indubitable infiltration, the patient does not expectorate any of the infiltrated matter, but simply mucus from the upper part of the air-passages. When tuberculosis is confined to the pleura, the bacillus will not appear in the sputum, unless there is a communication with the bronchi.

But as a most invaluable diagnostic means the bacillus must be considered in masked cases of phthisis. We often meet, in this part of the country, with cases of phthisis that present the clinical aspect of common intermittent fever, accompanied with little cough and scanty expectoration. Physical signs of lung trouble may be missing at the beginning; the usual anti-malarial remedies prove powerless. Here, a careful examination of the system will reveal the true state of things. In three such cases that came under my observation within the last four months, I was enabled to make the diagnosis of phthisis long before any physical signs were present. In one of these there was not the slightest suspicion of lung disease, the two others were suspects.

Of very great interest and of practical importance it would be to know the behavior of the tubercle bacillus outside of the body. The bacillus anthracis, the best known, because most studied of all the schistomycetæ, is the only one about whom we are in possession of such knowledge. (According to Balmer and Frænzil, who found a discrepancy of the tubercle bacilli intra vitam and on examining the cavities after death it would seem that they multiply in the sputum, an opinion which has the support of Koch.

That they will multiply outside of the tissue seems to be shown by an observation of mine. I have had occasion to examine in two cases the round masses, sometimes reaching the size of a pea and even a small bean, that are occasionally met with in caverns whose walls have become organized and smooth. These bodies which originally seem to consist of debris of lung tissue and caseous material assume globular form being continually tossed about in the cavern on coughing, whereby the projections are smoothed off.

Some of the bodies I found to be composed almost exclusively of bacilli and a fungus belonging to the hyphomecetæ. Unfortunately, I have not been in a position to cultivate the fungus; as far, as I am able to judge, however, it seems to be of the aspergillus species.

I do not attach any great importance to the occurrence of this fungus in the cavern, least

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of all do I consider it pathogenic. It is well-known that in cachectic individuals and in the last stages of diseases of any kind the alimentary and respiratory passages furnish an excellent soil for all kinds of fungoid moulds.

But, looking at the enormous masses of the bacilli which when colored appear under the microscope as continuous zoogloea masses, it is not impossible that there exists a relation between the mould and the bacillus, of soil to plant, that the former is an appropriate medium for the cultivation of the latter.

In mycology, it is a matter of frequent observation that one fungus acts as a preparing agent for the reception and the development of another, or even as food, and I have, what if I am not mistaken, has been seen before, more than once observed under the microscope that, in an infusion of hay, mycelium disappeared by becoming disintergrated by the contact with bacteria, the latter taking the place of the former.

The bacilli contained in the masses referred to differed in so far, from those seen in the sputa and the tissues, that the spores are much more distinct, that the protoplasm of the bacilli sometimes becomes disintegrated, so that the original bacillus is only indicated by a series of fine dots, that the bacilli, when still intact, sometimes grows out to double and twice the length of that seen in the sputum, that they do not present the usual uniform size and that occasionally they are reduced to masses of spores. The latter are of variable sizes, some round, the larger ones ellipsoid, being no doubt a transition form from spore to bacillus.

Whatever may be thought of the bacillus as a producer of phthisis or of the germ theory in general, this much may be asserted with the highest degree of certainty, that in the bacillus we have the safest diagnostic means in cases of tuberculosis in which other signs are wanting or deficient, and that in other cases which are manifestly phthisical, the parasite is a valuable adjuvant in the number of diagnostic moments.

Whether the time will ever come, when we shall be in possession of a substance that will kill the micro-organism without injuring the patient, cannot, of course, be said, but is in the range of possibility. Again, whether it will ever be possible to protect man from phthisis by vaccination after the fashion in which animals are protected from splenic fever, by Pasteur's process, the future will teach us. The experiments instituted so far are not encouraging.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

Stated Meeting, February 15, 1884.

DR. BREMER.—I brought with me this evening for the inspection of the society three specimens exhibiting the characteristics of the famous bacillus of tuberculosis. In order to arrive at correct appreciation of the specimens I have placed them under the microscope. According to the present state of mycology there are three forms of micro-organisms recognized as playing an important part in certain diseases. First in the classification of Cohn are the micrococci. They are small round bodies of definite forms. The next division is that of the bacteria. These are little rods that come next to the micrococci, and the third are the bacilli. There is no difference in the meaning of the two words bacteria and bacillus; both mean a small rod, only one is of Greek and the other is of Latin derivation; but for the sake of distinction this difference has been established and is generally accepted: that the bacteria in relation to the bacillus is about this size. [The doctor here illustrates by drawings on the blackboard.] These are the bacilli and these the bacteria and these the micrococci. There are some pathologists who call all these forms bacteria. There are some who maintain that one form of these growths can change into others. This is a question upon which there is still much dispute. In regard to the bacillus of tuberculosis I will draw one on a large scale. It is generally in this form [illustrating]. If we see it under the microscope we find that it contains small round and luminous bodies. They are the spores of the bacillus. They are remarkable for their tenacity of life. You may dry and wet them by turns, pulverize, freeze, boil them, but still they live and are capable of reproduction. A very great degree of heat will kill them. When the bacilli sojourn for a greater length of time in the sputum they assnme this form. [Illustrating.] Now the meaning of this is simply that the protoplasm of the bacillus is destroyed and disappears and the spores remain. They are connected by threads of remaining protoplasm. I will now demonstrate these specimens to you. One of the specimens comes from a tuberculous patient having caverns in the lungs; the expectoration is copious and purulent, and all the physical signs prove that it is a true case of tuberculosis. There is another specimen in which are seen enormous masses of bacilli; I took it from a cavern after death. There

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are whole lumps made up entirely of bacilli. Then again, here, we have a preparation which is intended to show the bacillus in the tissue where it is rather difficult, as a rule, to see. It requires some experience.

Dr. Bremer then read a paper on "The Etiology of Tuberculosis."

Dr. Atwood.—Mr. President: It would indeed be a very seasonable supposition that I, in common with most of the members of this society, had made no experiments with a view to determining the presence of bacilli in tuberculosis. I do not know, nor have I heard of experimentation in that direction in this city nor in its vicinity. But as a matter of course we have all acquainted ourselves with the literature of the subject, and have been exceedingly interested in it, but I never had as clear an insight into the subject as I have derived this evening from the very able paper of Dr. Bremer, and I know that others feel as I do about the matter and that we are arriving at something that may prove conclusively what is the cause of tuberculosis, and then perhaps some one will be able sooner or later to discover the means of preventing it, which would, indeed, be the greatest boon that the human family has ever received at the hands of any profession or from any source whatsoever. Well, sir, understanding but little of the scientific part of the subject, as I very readily confess, yet still taking a lively interest in the treatment of tubercular phthisis, my attention was drawn to the subject something like two years since when I read a work written by Declat. The suggestions for treatment in his work were based upon the theory that bacilli were the cause of the malady and that we should employ germicides to destroy them and in that way arrest the progress of the disease at that point to which it had arrived. The statement is made by Declat that very many cases had been cured under his treatment, and that in many others the treatment was proving efficacious. I determined to make an experiment in the same direction and obtained a case in which the patient was in no way unwilling to put it in practice This consisted in the introduction beneath the skin of a solution of phenic acid, the supposition being that this was the best germicide—when chemically pure—using a hypodermic syringe of large dimensions capable of containing 100 minims. The direction of Declat being that 100 minims of the phenic acid solution should be introduced every morning and evening for two weeks, he having discovered that that was the duration of time to produce the necessary destruction of the bacilli. In connection with this there was administered per orem a solution of phenic acid in combination with sulphur, ammonia or other chemicals; the sulpho-phenate and ammonic phenate being the drugs used in treating the case to which I refer. In addition, inhalations of a compound of iodine and carbolic acid from an otherwise hermetically sealed jar were administered morning and evening, and there was a gargle of a solution of phenic acid in combination with some chemical, which the patient used every 2 or 3 hours. Now, then, the whole ground was covered in this, that the germicide was introduced beneath the skin and absorbed by the blood vessels, entering directly into the circulation and destroying the bacilli therein; then these inhalations taken into the lungs and along the line of the air passages would, with the gargle, bring the bacilli still further into contact with the germicide, although I could not see how the gargle was necessary as the air cells and bronchi, the trachæ, larnyx and fauces were necessarily brought into contact with the vapors arising from this combination of iodine and carbolic acid vapor. At any rate the first case in which I tried this method was an exceedingly aggravated one. There was not only a tubercular condition of the lungs, but there was a tubercular laryngitis and a tubercular deposit in the bowels. The man was emaciated to the last degree; the cough was exceedingly harassing. He had been in the vicinity of the northern lakes during the summer and a physician kindly advised him to return home, as he had not long to live. Within a week after instituting this treatment his cough had ceased; from the first his respiration became very much easier, he slept well, his bowels were in a much better condition and he declared that he was getting well. Of course I did not believe this, but was satisfied that he was much more benefited by the treatment than he would have been by any other, and that opinion was the result of frequent observation of phthisis pulmonalis. I afterwards saw other cases, notably one of a lady who came to St. Louis and stopped at my hotel for the express purpose of undergoing the same treatment. With her I pursued the same plan. It was during the very dark, cloudy weather of last spring, and she told me that heretofore she had been unable to walk about on such days; that her respiration would have been so difficult that it would have been impossible for her to exercise in the open air. Her cough, which was very harassing, disappeared under this treatment and the respiration became much better; she could walk about in the most inclement

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weather, and she expressed great confidence in complete cure. The lady still lives and declares that she has derived great benefit from the treatment. Now it is suggested, and perhaps the correct interpretation of the matter is, that the solutions of phenic acid produced a general blunted sensibility of the nerves with a consequent subsidence of pronounced symptoms; but at any rate I hope that the improvement under this treatment, with which I was exceedingly pleased, is only an indication of what we may arrive at one of these days. In the first case mentioned the patient died.

DR. GREGORY.—I would like to have Dr. Bremer explain in what particular the doctrine differs from the modern doctrine, the most modern doctrine.

DR. BREMER.—The doctrine of Lænnec does not differ at all anatomically from the theory adopted by Koch. Lænnec asserted the absolute unity of all forms of phthisis, from the miliary tubercle down to the caseous and fibroid forms of catarrhal pneumonia. It may be well to illustrate this question by referring to the duality doctrine of Virchow. Virchow made an absolute difference between miliary tuberculosis, which constitutes, according to him, a disease per se, and cheesy catarrhal inflammation or infiltrated tuberculosis, or whatever name you may choose for it. Now this dualistic doctrine is combated by by Koch etiologically, because; he says, there is only one cause of the disease; that is the bacillus. It produces in some cases a tubercular form, in others an infiltrated form, but it is the same disease. In syphilis we have the same organism probably, at any rate the same virus, (because an organism has not been found in syphilis,) which produces the most varied forms—the most protean forms. We have now come back to the doctrine of Lænnec of the unity of phthisis.

DR. GREGORY.—It seemed to me that was the correct view, and I am glad we have gone back to the old doctrine. Somehow I have have an affection for old ideas, and I have made up my mind long since that the doctrine of Lænnec was in perfect accord with the doctrine of the day; whether it is correct or not, is another question, but it is certainly in accord with the doctrine of the day. Now we have learned from Declat, the authority whom Dr. Atwood has referred to, how to destroy the bacilli, and the next point is to cure the predisposition. There are two factors, and it strikes me that the predisposition is the principal one. I do not care how many parasiticides you use; nor how successful you may be, if you could reach every one of them and apply your antidote, you would not cure the case; because you must make the man over again, you must renew him, you must make him after the pattern of another organism; he is not a representative man; he is not a representative organism, and we must make him such if we would cure him. I am very glad to find that old things stand firmly. I have been for years trying to bring myself to the belief, that the older doctrines of our science, were worthy of the originators of them, and whenever it happens that the thing is brought up in such a relationship that I am convinced and impressed with this fact, it is a comfort to me. Now all that Lænnec wanted was the microscope, he wanted the ingenious use of these reagents by which this creature, whatever it is, could be brought out, and his doctrine would have been just as perfect as the doctrine of Koch to-day.

DR. JOHNSTON inquired of Dr. Bremer if Lænnec taught that tuberculosis was the result of bacteria, or that bacteria were the cause of tuberculosis.

DR. BREMER.—They did not know anything about bacteria then.

DR JOHNSTON.—Therefore the old doctrine referred to does not hold good. I ask Dr. Bremer another question. If the result of inflammation; whatever the cause may be that produces the inflammation, depending upon the tissue attacked, is not the result the same?

DR. BREMER.—No, sir; it depends upon the kind of inflammation that is set up; upon the etiology of the inflammation. For instance, the form set up by a specific virus, by a specific organism, as in tuberculous inflammation, there is an irritation which brings about an abortive effort at reparation by the migration of white blood corpuscles which latter atrophy and die, whereas in the the typical inflammation, in the so-called plastic inflammation, there is a tendency to repair or organization by the production of fibrous tissue. In the specific inflammation of tuberculosis, there is a tendency toward retrogressive metamorphosis, of caseous degeneration which depends entirely upon the kind of stimulant—upon the kind of irritation that produces the inflammation.

DR. RUMBOLD.—I would like to revert to Dr. Atwood's experience, because there is something practical in it, by which I do not intend to say that what has been read to-night is not practical. But I presume there is not a physician in this room who has not sprayed or used in one form or another solutions of carbolic acid on the throat of patients, and

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has, as Dr. Atwood did, received marked benefit from it—either when used as a gargle or spray or in any other form. It is really very pleasant; at first it smarts a little, but it takes away the pain and is soothing. When Dr. Pope was here last, whilst he was in this room the same remark was made by J. C. Gill. I said at that time that physicians should be careful in using carbolic acid, as the use of it had an anæsthetic effect upon the part to which it was applied, but that it would ultimately if persisted in produce the very congestion which it was intended to relieve. Carbolic acid produces an anæsthetic condition of the part touched by it—the pain, the cough, the disagreeable sensations are all relieved, but it is just as injurious as is opium to the consumptive who is given to its use. The opium dries up the secretion and stops the pain—just what the patient desires; and if Dr. Atwood had treated 999 patients, as he has stated they would all say, "Doctor, that is the treatment which relieves me, it relieves my cough, the pain in my throat, and all disagreeable sensations. But if he uses it long enough it will do positive injury. After the first, second, third or fourth time it is not so efficacious, and each additional application is less beneficial, and in the course of time it is absolutely injurious. I suppose I have tried carbolic acid as long as any man in this city. I commenced its use in 1858, at which time I had the utmost confidence in it, because it relieved my patients of pain almost instantly, on its being applied, especially in tonsilitis, and yet I do not know anything that is more injurious in tonsilitis than carbolic acid; because it keeps the congestion up and at the same time produces other and different symptoms. Such is the action of carbolic acid in congestion, in my opinion.

VEREIN DEUTSCHER AERZTE.

Minutes of the xxxix regular meeting, St. Louis, February 15, 1884:

Present seventeen members.

Dr. Greiner was chosen chairman. Minutes of last meeting read and approved.

Dr. Richter introduced a female patient, aged 20, that presented the symptoms of left-sided hemichorea, supervening upon an acute attack of malaria; at the same time suppression of the menses. The tendon reflex of the knee not readily produced.

Dr. Bremer stated that unilateral clonic spasm is frequently observed during pregnancy. In many such cases there is a lesion of the psycho-motor centres of the right cerebral hemisphere. Treatment in such cases is of little or no avail.

The absence of the knee tendon phenomena indicates a probable hereditary neuropathic predisposition. The tendon reflex stands in no relation to chorea. However, malaria may account for an affection like the one presented.

Dr. H. Hermann.—The patient is at present under the influence of morphine, and the reflex phenomena cannot therefore be determined. I do not consider the prognosis a bad one. Arsenic and galvanization of the right hemisphere would be the proper treatment.

Dr. Luedeking presented a number of pathological specimens, with the following history and description: Patient, a boy fourteen years of age, of excellent family and personal history, presented himself on account of an enormous abdominal swelling, that had developed in about three and one-half weeks. No prodromata. The abdominal walls were distended enormously; sub-cellular tissue torn; there could be detected a slight degree of ascites and a colossal enlargement of the liver. Percussion revealed dullness in the right mamillary line to the upper border of the third rib, downward to the umbilicus, and far over into the left hypochondriac region. Orthopnœa; no albumen in the spare urine. Death ensued one and one-half weeks thereafter. The post-mortem examination revealed a liver weighing seven pounds; no marked increase of volume or alteration of appearance of the presenting portions of the liver. However, the convexity of the right lobe and its posterior margin were occupied by a soft, fluctuating tumor-mass, as the specimen shows, of a medullary and soft character, with numerous large extravasations of blood.

This mass, so localized, determined the increase in volume and weight. No pathological changes in the lungs, heart or spleen. The kidneys, however, of each of which I present half a one, show each at least half a dozen white medullary infiltrations of the varying size of a hazelnut to a pigeon's egg. In the left kidney you observe that the infiltration occupies the whole medulla of the kidney, and as a consequence of the obliteration of the excretory passages we observe some cysts in the corticalis, retention cysts. Also in several of the distended ducts we find casts produced by the deposit of concretions of urates especially.

The microscopic examination reveals a small, round-celled structure of the new formation, positively unattended by any degenerative or other changes, the hemorrhage into the main tumor excepted; therefore I pro-

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nounce the formation as small, round-celled sarcoma.

DR. BREMER.—Were there any other sarcomatous tumors?

DR. LUEDEKING.—No, sir. I regard the liver tumor as the primary one; primary sarcoma of the liver is exceedingly rare.

DR. BREMER.—I should say the case is one of hereditary syphilis, and that the tumors are gummata. Hereditary syphilis may appear at the period of second dentition or puberty.

DR. LUEDEKING.—There is no syphilis in the boy's family history.

DR. BREMER.—That in my opinion would not exclude syphilis. The microscopic examination of small portions of tissue can not yield a positive diagnosis.

DR. LUEDEKING.—I am aware of that. And I stated that there is no connective tissue formation or degeneration. There are no multiple tumors in the liver, and none at all in the lungs, as we would expect in syphilis. There is but one enormous tumor in the liver. The peritoneum showed some inflammation, and there was slight ascites.

DR. BREMER.—Ascites is frequently found in liver syphilis.

DR. LUEDEKING.—The ascites in this case is readily explicable through the enormous alterations in the liver and consequent circulatory interference.

DR. FISHER.—Was there no amyloid degeneration?

DR. LUEDEKING.—No sir.

DR. GREINER.—I examined the specimens microscopically, and found some features that leave me undetermined between sarcoma and leukæmic tumors.

DR. LUEDEKING.—There are no alterations in the spleen or the lymphatic glands, such as characterize leukæmia usually. I know nothing of the medulla of the bones in the case. The kidney tumors in leukæmia are usually in the shape of wedges, infarctions as it were, corresponding to the distribution of the vessels, and primary extravasations of blood occur and constitute the centres of the formations. From the clinical history and my examination I adhere to the diagnosis of sarcoma.

DR. LUEDEKING then read a paper on "Cysts of the Pancreas," and demonstrated a specimen of such a formation.

DR. RICHTER reported a case that might possibly be a pancreas-cyst. A lady, twenty-two years of age, suffered for several months with symptoms of fever, diarrhœa, vomiting, gastralgia, and gradually developed a tumor in the middle line of the abdomen, between the umbilicus and ensiform process. The tumor was independent of the liver. Aspiration yielded about seven pints of turbid fluid, that contained about eight per cent. of pus (in volume) and numerous fibrinous shreds. The filtered fluid contained albumen, no sugar, no biliary pigment, no succinic acid. Only pus-corpuscles were found on microscopic examination. The cyst is now filling again; three months have elapsed since the removal of the fluid. No experiment testing digestive action of the fluid has so far been made.

DR. BIERWIRTH reported the case of a primipara, twenty-one years of age, who vomited for days previous to the delivery by forceps. Absolute retention of the bowels during this period, and up to death, that ensued through peritonitis. Irrigation of the intestines was not followed by stool. The vomiting was incessant, but not stercoraceous; opium and morphine hypodermically and otherwise of no avail. The uterus was thoroughly washed out. A post-mortem was not allowed.

DR. SCHWARZ.—Was there a stricture of the os internum?

DR. BIERWIRTH.—No sir.

Thereupon adjourment until February 29, 1884.

CHICAGO MEDICAL SOCIETY.

The Chicago Medical Society held its regular meeting at the Grand Pacific, Monday, March 17, the president, Dr. D. W. Graham in the chair. A paper on "The Etiology of Typhoid Fever," was read by Dr. J. F. Todd.

The doctor showed that hitherto the theories respecting the etiology of typhoid fever cannot be regarded as demonstrated facts, but that evidence tends to confirm the opinion that the germs of the disease are developed in the excreta of typhoid patients and conveyed by numerous agents into the alimentary canal.

The sewer gas theory he showed had been vigorously opposed, if not exploded, from the fact that the filthiest cities are the most exempt from typhoid fever. He detailed a number of cases from his practice which showed that each individual affection could be traced to some kind of association with a previous case.

The etiology of the disease including the precise nature of the materies-morbi, the length of time required to elaborate its active properties, how long the active properties can exist in fecal matter and the manner in which the morbific material gains access to the human system constitutes a series of most

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intricate problems still before the medical profession.

In the discussion which followed no theories relative to the etiology of typhoid fever were advanced. In opposition, however, to the views of the author of the paper, a strong opinion was expressed by Dr. Purdy as to the possibility of typhoid fever occurring more than once in the same individual.

Dr. R. H. Babcock quoted the opinion of a physician of Munich, who had made extensive observations of the subject, that the fecal discharges were inert until decomposition had taken place.

A paper communicated by Dr. R. Park, of Buffalo, was then read by the secretary, the subject of which was "Suture of Nerves, Nerve Stretching, and Exploration of Brain Substance with the Hollow Needle."

The paper gave a brief history of the operation for the uniting of nerves and cited cases of its utility from his own practice, and claimed that more attention should be paid to the union of corresponding parts, in deep wounds, than is the common custom.

Several intances of nerve-stretching were also cited, only one of which could be said to be successful.

Two cases of special interest associated with the exploration of brain substance were given in which it was shown that the brain proper can be explored with a hollow needle with comparative impunity, at any rate as far as two cases are concerned.

The discussion sustained the opinion, that severed nerves should always be united but that the restoration of function cannot be promised within a period of some forty days.

The value to be derived from nerve-stretching was, in general terms, considered as very questionable, except in certain well-selected cases.

CORRESPONDENCE.

THE MAN WHO TALKS.

To the Editor of the Review.—I am not a croaker by any means, but I have a grievance to lay before you, and hope that you will use your influence to suppress what has come to be a nuisance in certain of our medical societies. You may, doubtless, have observed that there are members who make it a point to inflict their remarks upon all, whether they know anything of the subject under discussion or not. Very often they speak the veriest nonsense, and thoroughly succeed in disgusting those who have come for the purpose of saying something either new or interesting upon the subject presented. It is entirely unnecessary to mention names here, as the individuals who speak merely to hear themselves, and to acquire a little cheap notoriety, are well known to all the regular attendants. Now could not some means be devised to suppress these parties? Are we condemned to this torture and have no means of redress? If so, I for one will cease to be

A REGULAR ATTENDANT.

BOOK NOTICES.

TRANSACTIONS OF THE MEDICAL ASSOCIATION OF GEORGIA. Thirty-fourth Annual Session, 1883. Atlanta, Ga. Pp. 275. 8vo. (J. H. Chambers & Co., St. Louis.)

The appendix, which constitutes by far the principal volume of the book, opens with an able address on general topics, containing many good points worthy of thoughtful reflection. After the report on diseases of women, by Dr. Munn, comes Dr. Ephraim Cutter's article on "Uterine disease," sometimes called consumption, in which he positively states (page 81) that the latter is caused by a vinegar yeast, and declares his ability to diagnose consumption by the discovery of this yeast in the blood or in the epithelium of the skin. Though this opinion to us may now appear very quaint, we must consider that it is only a little more than a year ago that the bacillus tuberculosis has been discovered, and that the doctor's view as to the cause of consumption was not so far from the correct one. In the report on the practice of medicine Dr. W. B. Wells indulges in some vague speculation in regard to the pathology of cerebro-spinal meningitis. The symptoms are well described. The essay on climate by Dr. A. Means reads more like a sermon than a medical paper, and gives evidence of high literary attainments in its author. A short but good article is furnished by Dr. A. W. Calhoun, on the "dry treatment" of suppurative inflammation of the middle ear. Dr. Doster reports an interesting case of alienation, caused by phymosis and the attending troubles, which were all cured by circumcision. A number of other interesting articles prove the progressive spirit of the association. The binding and printing are excellent.

ECZEMA AND ITS MANAGEMENT. A Practical Treatise, based on the Study of Three Thousand Cases of the Disease. By L. Duncan Bulkley, A. M., M. D. Second edition. G. P. Putnam's Sons, New York. (J. H. Chambers & Co., St. Louis.)

We can cordially recommend this second edition of Eczema and its Management, both from the fact that it treats of an affection which constitutes at the least one-third of the bulk of skin affections, and from the very comprehensive view which the author takes of the whole subject. The whole subject is treated in a manner that is eminently practical, as may be supposed from the fact that the basis of the book is an essay on the Management of Eczema read before the American Med-

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ical Association in 1874. The importance which the author justly places on a general view of the conditions of the organism may be realized from the following lines: "Finally, no item which can conduce to the physical welfare of the patient is beneath the notice of the medical man who would successfuly treat eczema. Diet and hygiene represent a large share of the elements of human existence, and are often, or, rather, always, more potent for health or ill health than what are commonly known as medicines; and what is true of the general economy is more vitally true in regard to one of the most important emunctories of the body—namely, the skin.

The formulæ used by preference by the author are placed at the end of the book, printed in both the dram and grain style. We would make a suggestion here that it would be very much better to seize the spirit of the decimal system, and not attempt to complicate matters by adding centigrams or decigrams of such substances as mag. sulp. potassium, acetate and citrate, and the like. In fact all the formulæ in the decimal system in the book could be written to advantage without using the decimal parts of a grain at all. The type and printing are all that could be desired.

THE QUINCY COLLEGE OF MEDICINE held its first commencement exercises Wednesday forenoon, March 26. Dr. M. F. Bassett, in the absence of the dean, Dr. Curtis, on account of sickness, conferred the degree of M. D. upon W. H. Laneix, Geo. Hollunbeak, Thos. L. Hawkins and Al. Smith. Dr. C. B. Ellis delivered the address to the class. The college is now an assured success, and with the clinical advantages to be found in its two well conducted hospitals, students can be taught as well here as in any other city.

THE CHICAGO MEDICAL COLLEGE held its twenty-fifth anniversary on Tuesday, the twenty-fifth ult., at the Grand Opera House. The number of students graduated was forty-one. The address to the graduates was given by the Rev. Dr. Joseph Cummins, President of the Northwestern University. In the evening a banquet was tendered the alumni at the Leland House; during the evening a testimonial, consisting of a case of obstetric instruments, was given to Dr. Jaggert.

ITEMS.

Brooklyn, N. Y., is to have a school of pharmacy.

There are 1580 hospitals and medical asylums in France.

The Alabama State Medical Society will meet in Salem, April 8.

A medical jurisprudence society has been organized in Philadelphia.

A bill has passed the Kansas Legislature to create the office of State Veterinary Surgeon.

It may not be generally known that VanSwieten, in his commentaries on Boerhaave, reports the case of a cook who acquired rabies and attributed the cause to enforced continence. The cook, he further relates, communicated the disease to an old woman, who died of it.

The honey of bees kept where aconite grows in abundance, has been observed to be poisonous.

Dr. Roswell Park delivered the address to the graduating class of the Buffalo Medical College.

The bill to appropriate $7,500 annually to the Medical College of Virginia, failed to pass the Legislature.

The Tennessee State Medical Society will meet at Chattanooga April 8, instead of 7, as previously announced.

Dr. Grognot claims to have had success in neuralgia, which would not yield to aconitine, by giving napelline.

Dr. Tholozan states that Persian barbers practice excision of the uvula in children as a prophylactic against sore-throat.

During the past winter small-pox has been of rare occurrence in Paris; diphtheria, on the other hand, has been very prevalent.

Weston has completed his five thousand mile walk in England, and it is proposed to present him a thousand pounds as a testimonial.

Dr. W. T. Briggs, of Nashville, dean of the medical department of Vanderbilt University, has been visiting St. Louis during the past week.

A St. Louis physician has under treatment a case of tuberculosis of the kidneys, and claims to have found tubercle baccilli in the patient's urine.

Dr. Alfred L. Carroll, of Staten Island, has been chosen to succeed the late Dr. Elisha Harris as secretary of the New York State Board of Health.

M. Chéron uses an ointment of veratrine, one in twenty, for the puritus accompanying the menopause. When the puritus is generalized the internal use is preferable.

M. Gillette thinks that Battey's operation for hysteria ought to be abandoned in all good surgical practice. It is a dangerous operation which ought only to be adopted in very grave cases.

Dr. Stoquart, of Brussels, has employed chrysophanic acid internally in sixty-one cases comprising ecezema, psoriasis, lichen, etc., and reports that fifty-six were complete cures.

The Russian government has conferred the grand cordon of the order of St. Stanislaus upon Prof. Frerichs, for the services rendered to Russian students by him in the universities of Breslau and Berlin.

M. Martineau has observed that in a monkey inoculated with syphilis, who has already presented secondary symptoms, and a syphilitic ulcer of the palate, a third manifestation has appeared—syphilitic epilepsy.

A California physician and ranchman determined to give his stock the benefit of antiseptic precautions. He injected a carbolic acid solution into the vagina of his cows for several days previous and subsequent to labor. He tried the same treatment on a favorite mare; he will be as well as ever by next fall. What a pity that woman can't kick.

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THE WEEKLY MEDICAL REVIEW.

VOL. IX. NO. 15. CHICAGO AND ST. LOUIS, APRIL 12, 1884. TERMS: $3 A YEAR.

CORTICAL LESIONS OF THE BRAIN.—While anatomical study, demonstrating a connection between various organs of the body and definite regions of the surface of the brain, may furnish grounds for à priori reasoning as to the function of those regions; and while physiological experiments upon animals may afford valuable suggestions as to the probable effect of limited brain disease in man, an accurate determination of the question of localization can only by reached by a study of clinical cases. The appreciation of this fact has led Dr. M. Allen Starr to collect in the April number of The American Journal of Medical Sciences, the cases on record in American journals, in which a limited area of disease of the cortex, whose position was determined by a careful autopsy, had given rise during life to definite symptoms. From the comparison and classification of these cases with the foreign cases collected by Charcot, Ferrier, Nothnagel, Exner, Wernicke, and others, certain general conclusions, which are of great practical importance,have been reached,and it now is possible to refer many symptoms occurring in the course of brain diseases to a destruction of a definite area of the surface. For instance, in reviewing the cases of lesion of the frontal region, it is noticeable that decided mental disturbance occurred in one-half. This did not conform to any one type of insanity. It is rather to be described as a loss of self-control, and a subsequent change of character. The other symptoms are chiefly negative. The absence of disturbances of motion and sensation and of the special senses warrants the statement that the motor and sensory areas of the cortex do not lie in the frontal region, and that the diagnosis of lesions of the frontal convolutions must rest upon the presence of general symptoms of cerebral disease and of mental disturbance, and also upon the absence of motor and sensory disturbance. Lesions of the tempero-sphenoidal lobes may exist without giving rise to any local symptoms of disturbance of the special senses of hearing and smell, and loss of memory of perceptions acquired through these senses, may be caused by lesions of this region; odors being probably perceived in the inner sphenoidal convolutions and sounds in the first temporal convolutions. The areas connected with motion, with general sensation, and with vision, do not lie in the temporal lobes. The importance of a careful examination of all of the special senses in any case of suspected brain-disease is enforced by the probability that some of the sensory areas lie in this region, but the symptoms produced by their destruction have been hitherto overlooked. The most prominent local symptom of lesion of the occipital lobes is a disturbance of vision—blindness. Absence of motor or sensory disturbance is also noted. A study of the cases warrants the conclusions that the visual area lies in the occipital lobes, and that the areas governing speech, motion, general sensation, and non-visual sensory impressions lie elsewhere.

WESTON'S GREAT WALK is now a matter of history. On Saturday, March 15th, he completed the five thousand miles midst the plaudits of a representative crowd of English and Americans. The British Medical Journal says:

"The stage was occupied by an influential company, among whom were at least a score of medical men and an equal number of clergymen. During the week, Weston walked reg-

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ularly every day from 7 in the morning till half-past 9 at night, with an interval of rest from 5 P. M. till 7:30 P. M. Notwithstanding the loss of sleep during the last two nights, from the excitement on approaching the close of his undertaking, during the week Weston was quite free from the drowsiness which had been so overpowering nearly every morning for the first three-quarters of his tour. He completed 45 years of age with the termination of his walk, when he was found to weigh 9 st. 12 lbs., a loss of exactly 8 lbs. since he started from London four months before. A careful examination proved him to be in excellent health, and quite fit to set out on a task of equal magnitude on the following day. So healthy and vigorous was he mentally and physically, though the last but one mile had been the fastest of any, having been done in 9 min. 17 sec., that, after the presentation of addresses of congratulation from the councils of the Society for the Study and Cure of Inebriety, and the Medical Temperance Association, and a special vote of thanks spoken to by Dr. Hare, President of the Metropolitan Counties Branch of the British Medical Association, Weston made a long and spirited reply. The medical framer of the conditions of the walk testified that all these conditions had been honorably observed, and that, on several occasions, more than the stipulated daily distance of fifty miles had been covered. Few walks have ever been begun, carried on, and ended under greater difficulties. The sore on the pedestrian's heel, which was a continual source of irritation for half the time, would have prevented most men from walking five miles a day; while Weston, from repeated pecuniary disappointments, was weighted with a depression of spirits consequent on a regularly increasing deficit, amounting to at least £700. To these may be added the fact that, contrary to medical remonstrances, he started while out of condition, and suffering from acute catarrh. Weston was accompanied throughout by reliable judges and referees, and the whole journey was done in the public eye, so that there can be no doubt as to the accuracy of the record. The feat thus successfully accomplished is unique. Endowed with no remarkable muscular power, Weston has owed his success in great part to the mode of living he adopted, the chief feature of which was total abstinence from all intoxicating drinks. Whatever may be attempted and executed in future, this remarkable and original experiment has demonstrated that a resort to intoxicating stimulants is not essential to the accomplishment of severe and long continued bodily exertion. We recognize, with peculiar pleasure, the constant support which Weston received, during his performance, from the medical profession.

A CENTRAL MEDICAL LIBRARY.—We have previously called attention to the fact of the establishment in Chicago of a general medical library. The value of such an institution requires no discussion whatever, no one would ever think of disputing it. The only question is the means by which it is to be sustained and rendered available to the profession. The necessary expense associated with keeping any collection of books in such order that they are at any time available is so great that the project would be impossible for a long time to come if the care associated with a library had to be sustained by the medical fraternity. Consequently the committee appointed by the Chicago Medical Society, which contributed the donation which served as the nucleus of its development, has wisely accepted the offer of the City Public Library to discharge such duties.

Certain contributions have been already received and the list is still open to allow any one to increase further the facilities of those who are in direction. The committee further announce that any medical works, or magazines, which any one desires to place at the disposal of the profession will be received with thanks, duly cared and placed for the inspection of the profession. Any communication relative to the matter may be made to Dr. E. Andrews, N. W. Cor. of State and Randolph.

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SYMPTOMS OF IODOFORM POISONING.—The following on the various manifestations of iodoform poisoning is from the Independent Practitioner:

M. Schede (Centrbl. f. chirurgie, No. 3, 1882), who is known to have observed the greatest number of cases of poisoning by iodoform, describes six different forms of the same. The most common phenomena are: a considerable elevation of the temperature, up to one hundred and four degrees Fahrenheit, with noticeable disturbances of the general health of the patient, manifesting itself soon after the iodoform has been applied. The symptoms of another form, as described by M. Shede, are: great mental depression, headache, loss of appetite, and the taste of iodoform in everything taken into the mouth; the pulse is accelerated and small, but after the removal of the iodoform these symptoms soon disappear. A third variety is mentioned in which was observed a great frequency of the pulse (from 150 to 180 per minute,) with relatively little disturbance of the patient's general health. But in the fourth form he observed in connection with frequent pulse a corresponding rise in the temperature. This form, says M. Shede, might be mistaken for septicæmia, although in iodoform poisoning the wound is perfectly aseptic, the tongue red and moist, and sensorium clear. A fifth form is mentioned, but as this occurred after extensive surgical operations, its etiology is doubtful. The symptoms of the sixth variety are: disturbances of the functions of the brain, appearing either as phenomena of acute meningitis or actual brain diseases. The symptoms of acute meningitis were met with mainly in young patients; they present themselves as an accelerated pulse, vomiting, depression of the sensorium, sometimes to a degree of complete coma, and contractions of certain groups of muscles. Schede regards it unsafe to completely fill the cavities of large fresh wounds with iodoform, as it adheres to the tissues in such manner that, if alarming symptoms should present themselves, its removal may be found difficult.

CHLOROFORM AND AMMONIA.—A mixture of chloroform and ammonia is said to have been used as far back as 1863, by Dr. B. W. Richardson (London Lancet) in cases of phagedenic croup whenever there was a refusal to swallow medicinal doses of ammonia. After producing gentle narcotism, he was able to increase greatly the amount of the ammonia.

Now he uses this combination in zymotic fevers, and it seems to promise valuable results. He takes an alcoholic solution of ammonia (.838 alcohol saturated with ammonia) and mixes it in equal parts with chloroform or methylene bichloride; any separation of water is removed. Two fluid drachms are put into a small Wolff's bottle, which is connected with a leather inhaler armed with an expiratory valve. In a puerperal case, free inhalations were used every two hours for three days without the slightest discomfort and with obvious direct advantage. The effects of the inhalation seem to extend in four directions: First, under the sedative action of the narcotic, relief from pain is obtained, and repose, if not actual sleep, is secured. Second, under the combined influence of the vapors, there is reduction of the temperature. Third, under the influence of the ammonia, there is a sustained fluidity of the blood and a production of freedom of secretion. Fourth, under the action of the combined vapors, there is is an antiseptic result which is always favorable.

NATIONAL SANITARY PROTECTION.—"A Bill to Protect the Public Health" (H. R. 5,603), has been introduced into the House, by Mr. Pettibone, M. C., the first section of which reads:

"That the Surgeon-General of the Army of the United States, the Surgeon-General of the United States Navy, and the Supervising Surgeon-General of the Marine Hospital Service shall hereafter constitute the United States Board of Health. Such Board shall have full power to make such regulations as may be necessary for the government of the quaran-

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tine service of the United States and the protection of the public health; and all the power and authority now provided by law for the control, management, and regulation of the public health of the United States shall be, and the same are hereby, vested in said United States Board of Health." The bill further provides that the consular officers shall send in reports of matters affecting public health, that the Navy Medical Department shall institute needed sanitary investigation, and that the Marine Hospital Service shall have charge of the quarantine service.

MEDICAL EXPERT TESTIMONY.—If medical expert testimony is to be saved from positive contempt on the part of the public some radical change in the present mode of receiving expert testimony has to be introduced. The present mode of selecting and employing experts according to the known facility with which his knowledge can be turned to advantage cannot be said to be conducive to an elevated opinion of the profession on the part of the public; and the jury, of course, always excluding any system of packing, must be regarded as a good average representative of the public. It certainly is to be regretted that medical testimony should be colored by any partisan bias. Nothing but the development of the simple truth should characterize a medical expert's testimony. To exert its influence in this respect the Profession of Philadelphia has formed a society known as the Medical Jurisprudence Society of Philadelphia. Dr. Reese read the first paper before the Society on this question of Medical Experts. The outline of the plan, which he does not claim as original, he thinks would be conducive to a better state of things is as follows:

Let there be appointed by the proper State authorities a medical officer, to be named the "State Medical Expert." He shall be a thoroughly-educated practical physician, and one properly trained in all the details of medical jurisprudence, including toxicology. His duties shall be to attend at any criminal trial in his district, when summoned by the court, as the skilled witness for the prosecution. He shall sit with the judges throughout the whole trial, as the amicus curiæ, giving special attention to such points as may require the professional assistance of medical experts, so that he may enlighten the court and jury on the technical aspects of the case. He shall, if desired, assist the prosecuting counsel in preparing the case, by suggesting the proper questions to put to the professional witnesses. He shall be prepared to make all the requisite medical and toxicological investigations in any case requiring them, thus in poison cases saving the district attorney much trouble and expense in hunting up a suitable toxicologist. By his expert testimony the prosecution would always be guided. He should possess a chemical laboratory, and all other appliances necessary for the complete fulfillment of his duties. Although summoned by the State, he is by no means to be regarded in the light of a partisan, any more than the judge upon the bench. He can have no temptation to a bias for either side. He would give his opinion grounded solely upon the truth, and his moral and professional character and acquirements should be such as to preclude the possibility of error, so far as is consistent with human infirmity.

In most criminal trials the testimony of such an official expert (as in the case of the late distinguished Professor Casper, of Berlin), commanding, as he ought to do, the respect and confidence of all parties, would be deemed fully adequate to settle all scientific questions. But there would doubtless be some cases in which the defense would claim the right (which of course would always be conceded) of employing their own expert. But this need produce no collision with the State officer, since if the former be a thoroughly competent expert he will be the more likely to agree with the latter.

As Dr. R. suggests the importance of selecting the right man for the position is great, and consequently the appointment should under no consideration be influenced by politics. The plan suggested, which is,

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perhaps, as good as any that could be devised is that nominees should be suggested by the State Medical Society, and an appointment finally made by the Judges of the Supreme Court.

MILK — HOW TO OBTAIN IT OF CONSTANT QUALITY AND QUANTITY. — In proportion as any living organism is deprived of the privilege of exercising his own instincts in the selection of the material used for its development, just in the same proportion increases the responsibility of those exercising over that being the controlling power. The child at the breast, and the invalid in general, in a great number of cases, is actually deprived of such a privilege, and any peculiarities to which the food of such may be subject, must receive from us our careful consideration—a consideration, too, abreast with the facts which the efforts of physiologists and clinicians have tabulated.

The facility with which the mammary secretion is influenced by poison, whether we term it sexual or mental, will not be called in question, and that such changes as take place under the circumstance, will be too complicated for the penetration of the practitioners' mental acumen is to be expected, and we hold that any device which offers an immunity from such complications will not fail sooner or later to be appreciated in this eternal struggle of the survival of the fittest. In order to furnish us with a constant quality of milk, and constant quantity as well, Dr. Lloyd F. Abbott recommended before the Section for Clinical Medicine, etc., of the Suffolk District Med. Soc., the operation of spaying young milch cows. His claims for this operation shall be given in his own words:

"What I propose as a means of improving the quality of the milk, and at the same time reducing the cost of production, is the spaying of cows for milk, an operation but little known even among veterinary surgeons. After two years' experience and inquiry I have been unable to find any one in Boston familiar with the operation. It consists of removing the ovaries from a new milch cow, which takes away all desire or ability for reproduction, and makes of her a constant milker ever after. These are some of the advantages gained by the operation; first, an increase in the quantity of the milk, as the animal has nothing else to do but give milk and grow fat, and by giving milk-producing food the quantity may be increased a third. Secondly, the certainty of having a constant supply of milk of the same quality. Thirdly, producing a richer milk and of even quality, as the animal is always in the same condition, all causes of change having been removed; this alone is inestimable in its advantages to the sick, or delicate children. Without this operation milk obtained from a new milch cow under the most favorable circumstances will vary much; once in three weeks there will be a time often affecting three milkings, that the milk is at fever heat, and will not keep as long by one-third as when the animal is in the ordinary condition. It is not an uncommon occurrence for a person in delicate health, or a child fed on a milk diet, although the milk be from one cow, and the greatest possible care taken of it, to have a bad day or a feverish night, for which no reasou can be assigned, but which may be traced to such a cause as this. Fourthly, decrease in the cost of keeping, for by the operation causes are removed which produce waste of material that now goes to milk. Fifthly, by this operation cows may be kept for years, giving the same quantity of milk, thus avoiding the loss sustained while the cow is dry and the liability to accidents during calving. Sixthly, the spayed cow fattens more easily, its flesh is better than that of the ox, more tender and more juicy; indeed, no one is ignorant of the fact that all domestic animals, female as well as male, deprived of their procreative organs, fatten more quickly than those that retain them, and the flesh of the spayed female is more tender and juicy than that of the male. By this means the farmer will realize a better price for his cows when they have passed their days of usefulness as milkers, and the public will be protected from a practice often resorted to by farmers to obtain the best possible price for old cows, that is, to

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bring them to the bull, intending that gestation should give them more suitable plumpness, so that they may be disposed of to better advantage to the butcher. The result ef this is mere bloated, flabby flesh, which easily taints; broth made from it is not rich, and is without flavor.

"My experience teaches me that it will increase the flow of milk and also improve the quality, and that although there will be a slight decrease at the end of a year, the daily average will be equal to that given at the time of the operation. I have one cow that was spayed in November, 1880, was then giving ten and one-half quarts per day, and now, after nineteen months of constant milking, nine and a half quarts, and she now comes to the barn every night with milk flowing from her bag."

The author then makes a comparison between the quantity of milk given by a cow which has been subjected to the operation, and one not so treated. Acccording to his calculation, the one which has been spayed will furnish during the year about 5,110 quarts of milk, while the one not thus operated upon will yield, on the same calculation, only 5,736 quarts, thus claiming that the quantity is better and the quality is better.

As to the danger associated with the operation, he says, it must not be overlooked, but claims that it is not greater than the dangers of the physiological act of calving.

Succulated Aneurism of the Thoracic Aorta in a negro boy aged 14 years was discovered on autopsy by Dr. H. C. Dunavant (Miss. Val. Med. Monthly). The boy fell dead whilst playing with comrades, and as foul play was suspected, an inquest was ordered. The aneurism was found about two inches from the beginning of the aorta. Extensive calcareous deposits were present within the sac. The boy had never been able to take active exercise, and constantly complained of pain in the region of the heart.

Stale Bread has always been known to be more digestible than new. The cause of this has been determined (Sanitary News), by Boussingault to be a difference in the molecular state. When new, the bread is soft and elastic, and mastication only serves to make it more resistible to the digestive juices. The molecular condition changes during cooling, and may be restored again by heating to 156 F., when it will have the characteristics of new bread.

Internal Œsophagotomy for stricture of the œsophagus is warmly indorsed by Dr. Henry B. Sands (N. Y. Med. Jour.). On reviewing the subject, he concludes that certain forms of strictures which have hitherto proved unmanageable, are no longer beyond the reach of surgical art, and that in these cases internal œsophagotomy is capable of not only saving life, but also of re-establishing the function of deglutition.

Artificial Respiration in Stillborn Children has been carefully studied by Dr. Champeney (Brit. Med. Jour.). The first step, admission of air into the lungs, is universally regarded as the most difficult, and strong arguments are adduced in favor of accomplishing this by means of a catheter secured in the trachea by an elastic band, so as to allow of the escape of mucus as well as the entry of air. The importance both of skill and patience in giving the first start to what may very well prove to be a perfectly healthy life certainly needs to be enforced; and at no other time is the separation between life and death so infinitesimal.

Foolishness. — Two negro "resurrectionists," after making arrangements with the demonstrator of anatomy of the Ohio Medical College for the delivery of the "subjects," deliberately murdered a family consisting of three persons, and delivered the bodies at the college according to contract. (Medical Review.) It is foolish to say this of the demonstrator. (Ed. Gaillard's Med. Jour.)

We are aware of our liability to occasionally fall short of perfection; and one writing much and often, is apt at some time to be

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guilty of folly, as those who have followed Dr. Gaillard's career must be well convinced. We must, however, confess that we fail to see the foolishness in the above, and would like to have the editor point out what the special *this* may be, that he finds "foolish."

Steam after Tracheotomy Operations.—How persistent humanity is in introducing complications in almost every attempt to accomplish any plans which may be undertaken. And even if fortuitous circumstances blend so happily that an individual worker presents the question from the first in the most simple and practical manner, the desire for complication and modification contorts the simplicity of the device and shrouds it with a paraphernalia corresponding to the conventionalities of society as compared with primitive manners. In the after treatment of tracheotomy, carbolic acid, eucalyptol, lime-water, carbonate of soda, etc., have been used, and now Dr. G. W. Gay, in giving the result of his experience, in the Bost. Med. and Surg. Jour. says:

"Next to nourishment, I consider steam to be the most important part of the treatment. It is conducted from the radiator through a rubber tube, and directed upon the neck of the patient. The vapor is warm, moist, and does not condense in sufficient quantity to saturate the clothing: Atomized or medicated liquids are not used at present. Lime water often produced a disagreeable erythema of the face, and thinking that possibly it might act as an irritant to the air passages, pure steam was substituted, and so far it seems to act as favorably as did any of the sprays formerly in vogue.

In all cases the patient received steam half the time, while to the more serious it was constantly supplied. The very great benefit derived from breathing the warm vapors was demonstrated beyond a doubt in many instances. Under its use the secretion would soften, the respiration would become easier, the child would become quiet, and fall asleep. The importance of a constant and generous supply of steam cannot be overestimated in this affection.

It would seem as though with a little child's complicated organism with a diphtheritic or croupous affection added and superimposed tracheotomy that any further complication in the way of drugs should be reduced to a minimum. So it should, only, we require to be reminded of it repeatedly.

On Affections of the Eye-Muscles in Disease of the Brain and Spinal Cord.—Disturbance in the function of the eye-muscles is observed in many forms of brain disease. This condition, as pointed out by Dr. Henry G. Cornwell, in an interesting clinical study in the April issue of The American Journal of the Medical Sciences, is brought about by intra-cranial diseases, which affect the innervation of one or all of the three motor nerves distributed to the eye, viz., the third, or motor oculi, which supplies the levator palpebrarum and all the muscles of the globe of the eye except the superior oblique and the external rectus; the fourth, or patheticus, which supplies the superior oblique; and the sixth, or abducens, which supplies the external rectus. The facialis is also to be included in the group of motor eye-nerves, as some of its filaments are distributed to the orbicularis palpebrarum.

Tonic spasm may affect the eye-muscles in some intra-cranial conditions, giving rise to strabismus. This is occasionally observed in the first or irritative stage of acute inflammatory affections of the brain, as, for example, in basilar meningitis. It may also be seen in epilepsy, at times in hysterical convulsions, and also in the convulsions of infancy due to teething, worms, etc. This form of spasm, in the greater number of instances, affects the internal rectus, the irritation giving rise to it being doubtless at the root of the third nerve in the floor of the fourth ventricle. The pupils are in most instances contracted, proving that the squint is the result of nerve irritation.

Clonic spasm of the eye-muscles is a rare condition, which is seen in some cases of

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brain tumors, cerebral sclerosis, and tubercular meningitis.

Strabismus, on the other hand, may be the result of paralysis of one of the recti muscles due to a disturbance in the innervation of the nerves supplying them.

Instead of a complete paralysis of an eye-muscle due to intra-cranial disease, there may be only a paresis of the muscle, no deviation in its relation with its fellow being noticeable to an observer, further than, in marked cases, a halting or jerking in the movements of the eye toward the affected side. The subjective symptom of this condition is diplopia, or double vision, the distances of the images from each other being dependent upon the extent to which the affected muscle is enfeebled, and also upon the direction in which the eyes are turned.

Paralysis or paresis of the eye-muscles, Dr. Cornwell points out, may be periodical in character, as has been observed in some cases of basilar tubercular meningitis, cerebral syphilis, tumors, abscesses of the brain, and in the early stages of tabes dorsalis.

THE VALUE OF QUARANTINE.—Whether we are prepared to accept or reject the germ-theory as applied to cholera, it must be admitted (British Med. Journal) that quarantine-regulations must fail to defend a commercial country from the occurrence of epidemics; and they must fail because, in a disease like cholera, they must be inoperative and incomplete. Theoretically, if it be accepted that cholera is a transmissible disease, quarantine would be a rational measure if it could be applied with scientific precision to a country capable of complete isolation, where the paralysis of commerce could be viewed with equanimity; but, to quote again the words of Mr. Simon, "practically speaking, where great commercial countries are concerned, it can scarcely be dreamt that quarantine-restrictions will be anything better than elaborate illustrations of leakiness." Inspection of the passengers and crews of ships arriving from infected countries, and the isolation of persons manifestly affected with the disease, is a precaution which common prudence dictates, and which unquestionably ought not to be neglected, but an elaborate system of quarantine, since it cannot be made so perfect as to exclude the probability of the importation of the disease, must be useless; to those who do not admit that cholera is transmissable, all arguments of the question of quarantine must seem redundant. Quarantine having failed to accomplish the purpose for which it was elaborated. becomes an intolerable nuisance, and, in the fancied security which it affords, a real and fresh source of danger. It has been well said that where, in Europe, typhoid fever is epidemic, there cholera may become epidemic. We have learnt that the only means to rid ourselves of the one is by attention to sanitary improvements; may no hideous epidemic of the other be required to convince the public of this truth!

CONTRIBUTIONS.

THE UTEROTRACTOR.

A NEW INSTRUMENT, WITH TWO ILLUSTRATIONS. BY AUGUSTUS C. BERNAYS, A.M., M.D., M. R. C. S., ENG. Prof. of Anatomy and Clinical Surgery, St. Louis College of Physicians and Surgeons.

During a recent operation for the total extirpation of a cancerous womb through the vagina, I felt the want of an instrument by the use of which I could easily handle the womb without taking up too much space or darkening the field of view. It also appeared desirable to have the instrument strong and so constructed that it would hold the womb firmly even when the tissues had become friable by the cancerous growth. The following woodcuts represent an instrument which answers these indications. The drawings show the instrument open and closed, thereby saving an elaborate description.

The advantages offered by this new surgical tool are the following:

I. It takes away no space in the vault of the vagina surrounding the cervix, since it seizes the womb from within its cavity. When closed, the scissor-like handles approach one another so that they occupy but little space either within or without the vagina.

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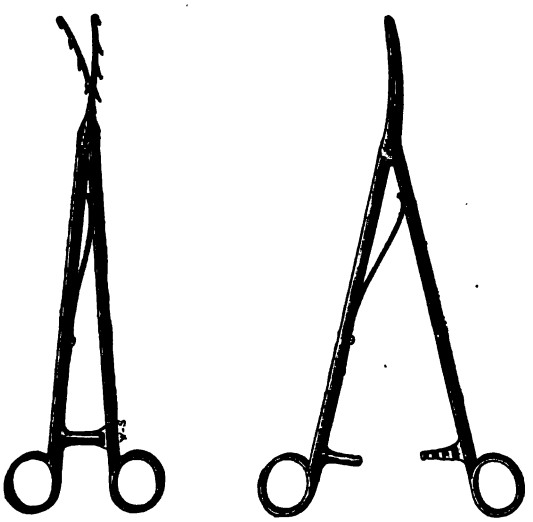
II. The instrument can be introduced into the cervical canal or the womb-cavity, any distance desired. Whatever amount of traction may be brought to bear upon the tissues of the womb, a corresponding resistability can be created by opening the branches of the tractor more or less.

III. The four tooth-like prongs of each branch are not the only factors that resist tearing out; the wedge shape of the open branches also forms an important obstacle tending to prevent this accident. A glance at the figures will show the point of the wedge situated in or near the cervix, while the broad end of the wedge looks toward the fundus.

IV. The Uterotractor can be held either in the left hand of the operator or can be intrusted to an assistant. A great advantage to be derived from the use of my instrument lies in the circumstance that the traction is not solely made upon the vaginal portion as by the vulsellum or Museux's forceps, or by the loops



of thread heretofore in use. The instrument has its point of attachment upon the whole length of the uterus if desired. We are thus enabled to move the organ in toto, from right to left, and can put the opposite parametrian tissue, yes, even the whole of the broad ligament, on the stretch. This is of considerable importance for my method of Kolpohysterectomy (see the St. Louis Medical and Surgical Journal, April, 1884), and will, no doubt, be greatly appreciated by those operators who tie the bleeding points in the wound as they proceed with the extirpation.

V. The Tractor can be introduced as easily as a uterine probe, and can also be removed at any time with but little trouble. It may also be used to facilitate the tipping over or doubling up of the womb upon itself through the anterior or posterior cul de sac.

The laceration of the organ which must be caused by the use of the instrument is of no importance, as it is intended only for those operations which propose the total removal of the womb. My instrument also obviates the sometimes disagreeable sponging necessitated by the vulsellum or other forceps used for dragging down the womb. A little absorbent cotton wound around the joint of the blades stops all bleeding if there be any from within the womb.

I am of the opinion that hysterectomy can be performed by the assistance of the uterotractor without the necessity of turning the fundus out into the vagina, as we are now doing. This suggestion, however, needs to be practically proven.

The drawing represents the instrument one-quarter natural size. The four teeth on each blade are bent upon the flat and are somewhat roughened on their concave side. The instrument is of very simple construction, being made of only two pieces connected by a joint screw. It is easily kept clean, and I predict that a single experience in its use will convince any operator of its many advantages.

I am indebted to Mr. Andrew Leslie, of the firm of A. M. Leslie & Co., surgical instrument makers, No. 204 North Fifth Street, of this city, for his kind assistance in the execution of my ideas, and it gives me pleasure to express my thanks in this place.

201 South Fifth Street.

FORMULA FOR SALYCILIC ACID AND TONGA IN RHEUMATISM AND RHEUMATIC NEURALGIA.

BY C. H. HUGHES, M. D., ST. LOUIS.

After reaching a satisfactory diagnosis, and determining the remedies to be employed, the next essential is to determine upon acceptable and agreeable combinations and this, if the remedies are essentially disagreeable, becomes often of paramount importance in the successful management of certain cases.

Salycilic acid is peculiarly irritating to the throat and stomach, and no amount of simple aqueous dilution suffices to diminish the irritative effect.

The best single corrective of the irritant property of salycilic acid is acetate of potash, in quantities of two grains to each grain of

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the acid, dissolved in syrup. Allied to this is the liquor ammonia acetas, in the quantity of one dram of the liquor to five grains of the acid.

Any desired combination of the above may be made, and twelve minims of the fluid extract of tonga added to each dram of solution.

The following formula will illustrate :

No. 1.

℞	Acid salycil. - -	ʒii
	Potas. acetati. - -	ʒiv
	Syr. limonis, - -	℥i
	Ext. tongæ fld., - -	ʒiv
	Aq. menth. pip., - -	℥i
	Aq. anisi, - -	gt. ft. ʒiii

M. S.—Two teaspoonfuls every two hours till relieved, or until four or five doses are taken. After that give at longer intervals. Give with water.

The minderirı spirits may be added to the above, ounce for ounce, and tablespoonful doses given with good effect, if fever or prostration accompany the neuralgia or rheumatism, or if the rheumatism be what is called inflammatory with associated neuralgia.

Lime juice or lemon juice may be added with advantage to the mixture,or the quantity of the lemon syrup may be increased till the mixture is made palatable.

The following modification of the above formula has been suggested by a leading druggist of this city, but the liquorice is to some people objectionable.

The salycilate of soda may be used in all of these mixtures. The salycilic acid is given because it is more irritant and therapeutically more potent.

Formula for eight ounces :

No. 1.

℞	Acidi salycilic, - -	ʒv. ℈i
	F. E. tonga, - -	℥ii
	Syr. rosa. gall. - -	℥i
	Liq. ammon. acet. ad., -	℥viii

Mx. ft. sol.

No. 2.

℞	Acidi salycilic, -	ʒv. ℈i
	Curaco cord.	
	Syr. tolutan. aa, - -	℥i
	Ess. vanilla. - -	gtt. xx
	Liq. ammon. acet. ad., -	℥viii

Mx. ft. sol.

No. 3.

℞	Acidi salycilic. - -	ʒv ℈i
	Ext. glycerrhizæ fld., -	℥ii
	Liq. ammon. acet. ad. -	℥viii

Mx. ft. sol.

DOUBLE OOPHORECTOMY FOR DYSMENORRHEA.

Recovery—Persistence of Menstruation Without Relief from Pain.

By A. Reeves Jackson, A.M., M. D., Prof. of Gynecology in the College of Physicians and Surgeons of Chicago, etc.

Through the courtesy of Dr. Charles H. Venn, of Chicago, I visited Mary S., in January, 1882. She was twenty-one years of age, and had commenced menstruating at thirteen. There was a single painless period, and then an interruption of six months. At the end of that time menstruation reappeared, accompanied by severe pain. The function has since been regularly performed at intervals of twenty-five to thirty-one days, the flow being profuse, lasting four days, and excruciatingly painful. All the usual remedies—medical, hygienic and surgical—had been ineffectually used for the relief of the dysmenorrhœa; the treatment finally consisting of the hypodermic use of morphia and chloroform inhalations. During the past three or four months, a marked hysterical element had manifested itself during the menstrual period, and had become a prominent feature of the case.

On March 12, 1883, I assisted Dr. Venn in removing both ovaries by laparotomy. The patient recovered promptly from the operation. A menstrual period had ceased twelve days before. Menstruation again appeared March 30, the discharge being very scanty, and without pain. A second and third period came regularly, and had a similar history. The fourth, however, was marked by a great increase in the amount of discharge and a return of the former pain.

I saw the patient again December 9, 1883. She was flowing profusely, and was under the influence of a large dose of morphia. She had gained twenty pounds in weight since the operation, and informed me that menstruation continued with antire regularity, and that the flow was accompanied with as much pain as formerly.

Speaking of the large number of medical and law graduates, the "Scientific American" says: "But what proportion of these graduates will thus find themselves assured of a lucrative practice, compared with the number who will not do as well as an educated mechanic is likely to do? The latter are always scarce, but the doctors and lawyers seem to be increasing as though the sickness and quarreling of mankind were to be indefinitely multiplied."

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SOCIETY PROCEEDINGS.

CHICAGO GYNECOLOGICAL SOCIETY.

REPORTED FOR THE REVIEW.

Stated meeting, held at the Grand Pacific Hotel, March 28. President A. Reeves Jackson in the chair.

Ovarian tumor complicated by general miliary tuberculosis of peritoneum. Ovariotomy. Recovery.

Dr. E. C. Dudley presented a specimen of an ovarian cyst removed at Nora Springs, Iowa. The patient had been referred to him by Dr. S. G. Blythe, of Nora Springs. She was 23 years of age. Married two-and-one-half years; always had dysmenorrhea, never pregnant. September 1882, after an attack of pelvic cellulitis, Dr. W. H. Byford diagnosed pelvic abscess. December, 1882, Dr. D. A. McCullum, of Montreal, diagnosed a small ovarian tumor. This, the patient says, two months later, discharged its contents into the abdominal cavity by rupture of the cyst, and apparently disappeared. (Dr. Dudley was not so much disposed to doubt the accuracy of the patient on this point because he had three years ago successfully removed an ovarian cyst which had during the five months preceding the operation ruptured five times and discharged its contents each time into the peritoneal cavity with a resulting peritonitis each time. This cyst like the one under discussion, also contained an endogenous cancer, and the patient after three years remains free from malignant disease). The cyst, however, slowly refilled so that at the time of operation in January, 1884, its weight was twelve pounds. In December 1883, patient suffered from an almost fatal attack of peritonitis. Cyst removed by laparotomy, January 23, 1884; operation 1:50 min.—ether. Present, Drs. S.G. Blythe and J. A. Adams, Nora Springs; W. L. Kean, Northwood and C. Fenger, of Chicago. Incision 4½ inches above pubis. Fluid thin, opaque and yellow, was accidentally thrown away, and therefore not examined. Tumor mono-cystic, origin left ovary; walls thick. Upon opening the abdomen entire peritoneum, parietal, intestinal and pelvic, and that covering cyst was extensively involved in miliary tuberculosis. A small tumor, size of hen's egg, from left ovary not removed, was also covered with evidences of tubercular peritonitis. Adhesions, extensive and firm, were parietal, intestinal and pelvic, the latter being universal. Pedicle treated intra-peritoneally by silk ligature and cautery. Double soft rubber, perforated drainage tube introduced through lower extremity of wound to cul de sac of Douglas. This transmitted abundant bloody serum for three days only, and was then removed. Operation completed at 2 P. M. January 23. Patient surrounded by hot bottles, extremities warm and general condition apparently good. Pulse 130; axillary temp. 99°.

January 24, 1. A. M., Jactation decided. Feeling of suffocation; pulse 156, extremely feeble; extremities cool; pain in the distributions of the cœliac axis; vomiting bile; collapse seemed imminent, Given brandy one dram every 15 minutes by stomach, and twelve drams by enema. Temperature, vaginal, 103°. This alone deterred the operator from opening the wound from suspicion of secondary hemorrhage.

Four A. M. pulse 140; all symptoms less urgent. Brandy continued; 8 A. M. pulse 138; axillary temp. 100°. Brandy continued through the day. Small quantities of milk retained. 8 P. M. pulse 132; axillary temperature 100°; vomiting ceased; no dangerous symptoms; flatus passed downward. January 25, pulse 120; axillary temperature 99°. Brandy and milk continued. Flatus passed freely.

Patient's recovery was from this time uninterrupted. Now two months after operation, the opening left by drainage tube not closed; but as Dr. Blythe reports continues to discharge large quantities of serum. Dr. Dudley hesitates to close this opening under the impression that free drainage may favor recovery from the tuberculous disease. On the contrary, he also hesitates to allow it to remain open because some of this serum now being discharged might, if confined, be reabsorbed into the general circulation, and thus a possible drain upon the patient's vitality might be avoided. He will be governed by the future condition of the patient's health. Although unable to form a positive opinion he thinks that the original diagnosis of Dr. Byford, pelvic abscess, may have been correct and that the tumor may therefore have been inflammatory in its origin. He further acknowledged a valuable counsel and assistance from Dr. C. Fenger in the operation, and also declared himself much indebted to Dr. Blythe for his intelligent and efficient after-treatment. He then introduced Dr. C. Fenger, present by invitation, who made the following instructive remarks relative to the pathology.

Dr. Fenger exhibited the specimen referred to by Dr. Dudley. It was a large cyst which

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developed from the ovary with thick walls and a cauliflower excrescence on a part of the inside. But on the outer cyst-wall were seen tuberculous nodules thickly studding the walls in places, but scarcely any individual part of the cyst-wall was free from them. These excrescences consisted of miliary tubercle which, however, was nowhere to be found in the inside of the cyst. The fallopian tube was enlarged, the walls thickened, the condition being due to diffuse tubercular infiltration of the wall as shown by the microscope, which revealed the giant cells in their usual adenoid tubercular tissue. I think it is of importance to refer to this condition of the fallopian tubes as it is likely to have been the primary source of the tuberculosis and that this being removed, the secondary development found in the peritoneum may cease. It is remarkable that some facts since 1880 have come to the surface, that if not entirely contradicted, at any rate, modify greatly our former opinion and dread of tuberculous peritonitis.

Dr. Fenger then referred to the published cases of Spencer Wells, in 1882, in which to his surprise only one similar case was reported, namely: 23-year-old unmarried woman; ovariotomy, clamp, died 114 hours after operation.

In Ziemsen's Encyclopedia, 1880, volume 24, page 438, tubercular peritonitis is said to be without exception a fatal disease, extending over weeks or months. And that treatment should be only palliative. If ascites is abundant puncture is indicated, but even puncture should not be employed unless positive indications exist for fear of giving fresh impetus to the inflammatory conditions.

Prof. Kuester, of Berlin, in an article on iodoform treatment, especially of wounds of the peritoneal cavity, from Langenbeck's Archives F. Clin. Chirurg. B. 29, II. 4. p. 718. 1883, gives an oral communication from Schroeder, of Berlin. He had met with a case of tuberculous peritonitis while performing ovariotomy, he powdered the peritoneum with iodoform and patient recovered.

Four cases recently published by Prof. Koenig, of Gœttingen, in Centralblatt for Chir. No. 6, 1884, were then referred to. He states that tumors arising from or associated with tubercular peritonitis are very difficult to diagnose. The history is that of a slowly developed tumor which when small is peculiarly mobile. When it is large and situated on the anterior abdominal wall it loses that peculiar mobility, and gives the impression of an ovarian tumor. In any case fluctuation s marked and the peculiar wave-like motion which it exhibits is of the greatest value. Diffuse peritoneal tuberculosis is usually associated with such a condition.

CASE I.

The first case of Koenig's is as follows: Oct. 15, 1883, patient came first under observation. Up to Easter had been well. From that time the abdomen gradually increased. She lost appetite and grew thin without being apparently sick. A tumor was felt above the symphysis pubis, giving a fluctuating and undulating movement. On one side was felt something hard and then a part of the intestines. The diagnosis was that of ovarian tumor, or peritoneal exudation, the latter more probable. The incision revealed a large peritoneal space filled with opaque fluid and the walls being thickened through layers of deposited fibrin. The uterus, ovaries and intestines were also covered with layers of fibrin similar to those which thickened the abdominal parietes. When the layers of fibrin deposit were scraped from the peritoneum, a well defined miliary tuberculosis revealed itself.

The space was washed out with carbolic acid solution and iodoform rubbed in. The wound healed without difficulty, but in the second week, a tubercular affection of the lungs set in. The patient was discharged on the 14th of November suffering from a severe cough.

CASE II.

A thirty year old woman, previously healthy, mother of three children, the last a year old, was received November 10, 1881. About three months previously she complained of a gradual but rapid increase of the size of the abdomen associated with severe pain. Menses stopped two months previously. A fluctuating and undulating tumor revealed itself extending from the symphysis to the navel.

The urine contained pus and albumen. The incision revealed tubercular deposits over the abdominal parietes, a quantity of slightly opaque fluid, and the abdominal organs covered with a dense membrane of tuberculous tissue. The same treatment was adopted, but a drainage tube left in.

The wound healed without difficulty. Pus and albumen had disappeared from the urine, and two years after the operation the patient was well and capable of doing her work.

CASE III.

A woman twenty-three years of age suffered in her youth from lupus, affecting the navel. Three years ago, a tumor, accompanied with pain in the abdomen and thigh, developed on the right side of the abdomen. It was recognized under the liver, moveable and painful, and about the size of a fist. Urine,

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small in quantity, sometimes containing pus and blood, and sometimes clear. Tubercular glands in the neck. Supposing this was a tuberculous kidney, an incision was made in the lumbar region, but a healthy kidney coming into view, the incision was sewn up, and an abdominal incision made. A tumor was found attached to the ascending colon and neighboring parts which proved to be of a tuberculous nature. The operation was associated with no serious consequences to the patient. It was performed October, 1881, and in March, 1882, she was suffering from tuberculosis.

CASE IV.

A young woman twenty-three years of age, exhibited a small tumor just above Poupart's ligament and extending into the pelvis. Small and similar tumors were found on the left side. As the tumor was growing and painful, and the abdomen became extended, an exploratory incision was made. From the peritoneal cavity flowed a large quantity of turbid fluid charged with fibrin. Numerous miliary tubercles covered the abdominal walls, omentum and intestines. A small portion of the omentum was removed and its examination revealed a genuine tuberculosis. The wound was closed, after having covered the peritoneum with iodoform. The wound healed readily, and three months after the operation, the patient was stronger than before the operation, and expressed herself well.

The above stated facts prove that even if we have made a diagnosis of tuberculous peritonitis complicating an ovarian tumor before the operation, we need not be afraid of an operation on account of that complication. To go a step farther and conclude from the above facts, it would be justifiable to recommend laparotomy and local applications as a cure for tuberculous peritonitis. Nobody, of course, would dare to do so; but it may be that a series of mistakes in diagnosis and subsequent exploratory incisions will throw more light on this important question.

Dr. Jackson.—The paper to which we have just listened, and the presentation of the accompanying specimen have an unusual interest for me. About nine years ago I operated upon a patient at Aurora, Illinois, for removal of an ovarian cystoma. When the lips of the abdominal incision were drawn apart, I observed that the anterior and lateral walls of the peritoneal cavity were studded thickly with smooth roundish bodies about the size of the ova of the shad. They seemed to be immediately beneath the epithelium, although the entire membrane was thickened in the affected portions. There were no evidences of peritonitis; indeed, the peritoneum presented not a reddened, but a steel gray appearance covering the yellowish nodule beneath. I had never seen anything resembling this condition before, and did not remove any portion of the tissue for microscopical examination. I considered it a serious complication, however, and supposed the case would end fatally. But, with the exception of septicemic symptoms, which recurred three times, and which were each time removed by the evacuation of a teacupful of bloody serum by puncture of Douglas' pouch. The case went on favorably, and I saw the patient, one year ago, in perfect good health. Although ignorant of the condition at the time, I now suppose that it was one of miliary tuberculous infiltration; caused, possibly, by the presence of the tumor, and which ceased upon the removal of the exciting cause.

Dr. W. H. Byford.—We are under obligations to Drs. Dudley and Fenger for presenting this subject in such a practical manner. I felt exceedingly interested in the case, and more particularly in the researches both in reference to this case and those found in literature by Dr. Fenger. This question of tuberculous peritonitis complicating and simulating ovarian tumors is so recently before the profession that I am not prepared to discuss it. I have no notes of such phenomena except in one case brought to my mind by the specimen exhibited. Seven years ago last 4th of July, I went to Decorah, Iowa, to operate on a Norwegian who had an enormous tumor, weighing about forty pounds. She would have been a good representative of a consumptive patient. There was a little expectoration associated with pus. She also had hemoptosis. Sometime before I saw her she became emaciated to the last degree. The operation revealed a great deal of peritoneal fluid. In addition to this I noted certain elevations on the peritoneal surfaces, which according to my recollection, corresponded to the elevations which have been shown to-night. This was especially marked round about the pedicle. I did not examine it microscopically. The tumor was removed on the 4th of July, and the pedicle allowed to drop into the cavity after having been secured by ligature. In about three months after the time of the operation, the patient was able to sit up.

With reference to the bursting of tumors, I may say, that I removed two, one of each ovary several years ago, at the Mercy hospital, whose history showed that there must have been a bursting of a cyst, and absorption of the fluid, followed with a healing of the ruptured sac, and a redevelopment of the tumor. I believe this occurs not infrequently. I have

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certainly known cases where ovarian tumors have developed, disappeared and redeveloped.

Dr. W. Sawyer. — Mr. President, the remarks developed by the discussion of this case have been particularly instructive and interesting to me. It is not my intention to discuss the gynecological aspect of the case, but will confine myself to tuberculosis. I am really surprised at what I have heard to-night. My ideas of miliary tuberculosis have hitherto been associated with an acute affection whose duration was confined at the longest to a few months, and if I had been convinced of the condition of miliary tuberculosis in a given case, I certainly should have given a prognosis based on that supposition. Certainly that is the teaching which has hitherto prevailed in the East. The similarity of miliary tuberculosis to typhoid fever was frequently brought to my notice whilst following the hospitals of New England, but with these two points of difference; that the initial development of the gradual rise of temperature was not to be found, and that in all the cases of miliary tuberculosis death resulted. With these facts which this case presents however before me, at any rate, in miliary tuberculosis of the peritoneum, my prognosis would be much more favorable.

ST. LOUIS MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

March 22, 1884.

Dr. Dean.—I have a specimen which presents a few points of interest. A boy, 13 years old, was sent to us with a diagnosis of prolapsus of the rectum, but examination showed a tumor growing on the whole seat of the anus, about two inches in diameter, it had a cauliflower appearance, and stinking very disagreeably. There was no apparent opening from it into the anus, though of course there must have been one. It proved to be what Ricord first named papillomata ani, it is really a condyloma. The interesting features are, the age of the boy, the size and apparent cause of the tumor. The boy could give no account whatever for it. He said it was first noticed six weeks before at which time he was kicked by a man; afterward he had a diarrhœa which lasted one day. This did not seem sufficient cause, so I took it for granted it had been growing there for a longer time; but perhaps the kick served to call attention to it. Some authors, I think Bryant among the number, who once removed a condylomatous tumor from the anus about the size of this one, state that in young children they are usually caused by worms. This boy had never been troubled with worms or passed any. The parts were so tender from the secretions and so irritated that we could not examine him except under ether, by giving which I could introduce the finger through the papillomata very readily; the muco-cutaneous border was the seat of the papillomata. The secretion and constant irritation in the different parts of the condylomata had caused the tumor to grow. Four or five days after its removal, we gave him a mild enema which was followed by an action. One or two more, two or three days afterwards were obtained by giving an enema, which renders it probable that worms do more harm than simply causing the patient to rub the nose, etc. Of course, I could not vouch for this being the cause, but it seems possible. I do not know what kind of worms they were, for I did not see them I only learned this afterwards from my assistants. I questioned the boy beforehand, and afterward the mother, and later still found this portion of the history had been written up by my assistants, of whom both are now away. One procured the worms at one time and the other at another. I suppose they did not know of this feature of causing this affection and therefore made no mention of it. The boy is now well and going about. The boy was questioned also as to his having slept with men, etc., but we could obtain very little information from him.

Dr. Hendrix.—I have an interesting specimen to present. It is not unusual to have the fœtus thrown off with its membranes and attachments, in the early months of pregnancy, but I have a specimen here which was thrown off in the seventh month with all its attachments. I present it as a pathological curiosity; but at the same time it is not without some points of practical interest, inasmuch as we can demonstrate with this specimen the child in the liquor amnii, the act of turning by external manipulation. The membranes are very tough. The mother is a medium-sized woman, perhaps somewhat smaller than the medium. Generally, I think I am fortunate when I arrive at the bedside before labor is completed, but on this occasion I was fortunate in not arriving before labor was completed, because if I had I would certainly have ruptured the membrane. I think that I should have cut the membrane with the scissors, however, I would have tried first to rupture it with the nails of my fingers. I can turn the fetus almost into any position whilst in

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the sac. We read a great deal about turning by external manipulations, of the child in the uterus; this instance shows the ease and facility with which the operation can be accomplished. Of course, there are very few cases, in which we can make the diagnosis sufficiently accurate to justify us in performing this operation, but if the diagnosis is correctly made you can see readily with what facility the turning can be performed. The specimen was thrown off in its entirety; the line of the chorion is very distinct. The specimen has collapsed somewhat since delivery and there is not so much water in the sac as there was. It has disappeared by exosmosis. The placenta also came away with it. She said she had been sick three weeks before the passing of the fetus. The doctor in attendance said she had erysipelas, but from the appearance of the skin I think she must have misunderstood him. She is a mulatto; so is the father. The abortion was probably caused by the loosening of the attachment of the placenta; however, there was no bleeding, and when I arrived the womb had contracted.

Dr. Atwood.—Some years ago I delivered a lady at full term of a sac—a complete sac containing a small quantity of amniotic fluid and presented evidence of a blighted ovum in the shape of a little dark spot which was an indication that it contained an ovule. In the same labor she was delivered of a living child. It was evidently a double pregnancy with a blighted ovum in one sac and a living fetus in the other. Each sac was entire and contained no solid substance, and only a small quantity of amniotic fluid; I have never heard of a similar case. The sac was only large enough to cover my outstretched hand and wrist when I opened it.

Dr. Pollak.—Mr. President, Now the question arises, where does the amniotic fluid come from? I have understood that it was secreted by the kidneys of the fetus, but according to Dr. Atwood's statement there was no fetus in this sac at all; yet the sac was filled with amniotic fluid. Is it not possible that it might have been a hydatid cyst? It certainly could not have been amniotic fluid in the sac.

Dr. Atwood.—I examined the sac carefully, because it was an extraordinary occurrence, and it presented the appearance of an ordinary sac, such as you find in delivering women at full term. The amount of fluid contained in it was not very large, still it was enough to be perceptible before the rupture of the sac after its extrusion. My impression has always been that the secretion of the amniotic fluid was elaborated by the amnion.

Dr. Pollak.—Last night I translated a long article from a German paper on the question, where does the amniotic fluid come from? As yet, it has not been traced back to the mother. One gentleman made an experiment by giving the mother saline substances just when she was about to be confined. Labor had begun and the os was dilated somewhat; he took very great pains to collect every drop of amiotic fluid that escaped, but he could find no salt in it at all. If the fluid was secreted by the mother, the saline would have been perceptible in it, so he concluded that its source was entirely from the kidneys of the fetus. Hence, the statement of Dr. Atwood is not exactly comprehensible to me. I do not think this fluid was amniotic which he found in this sac.

Dr. Hendrix.—A week ago I obtained a specimen the size of an ordinary goose egg from a sac; there was no indication of any child, and no sign of a placenta, simply a sac, with considerable water in it, perhaps a couple of ounces. It was considerably distended. It looked like an embryo to me; the villi of the chorion were present, there were projections on it at the point of contact with the uterus. It might have been a hydatid cyst, I cannot say positively, but I thought it was a blighted ovum.

Dr. Hurt.—Mr. President, It is a part of the economy of nutrition that all the living tissues are susceptible of being permeated by the fluids of the body. The fact is that the animal fluids, while they may be divisible into several kinds, and each has its separate apartment in the organism, yet they are not entirely and wholly separated from each other. Now we know that in primary digestion the liquefaction of the food takes place, and at the same time a peculiar property is added to the liquid that renders it highly diffusible, and it is owing to the diffusibility of these matters that have been digested that they are enabled to reach the circulation. It is by endosmosis that nutriment is carried into the circulation, and I cannot avoid the impression that all membranous tissues of the body are permeable by liquids, hence, if there is a redundancy of fluid in the general system and a sac within the uterus that had been as it were almost completely separated from the body, it would perhaps contain fluid by virtue of the process of absorption or endosmosis, which implies about the same thing—diffusion. I had a case once that stimulated much reflection on this subject. I am not certain that I obtained the true history of the case, but from the facts which came to my knowledge, I philosophized on the subject, and reached the con-

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clusion that the amniotic fluid had been absorbed. A lady consulted me in the seventh or the beginning of the eighth month of her pregnancy, for a very violent diarrhœa, I gave several prescriptions with little benefit; after her diarrhœa had persisted two weeks, I prescribed diluted sulphuric acid, which seemed to have a very happy effect. Now here there had been a terrible drain upon her system, and it so happened that about the time that the diarrhœa ceased the lady reported to me that she felt no life in the fetus. About ten or twelve days afterward I found her in premature labor; she gave birth to a putrid fetus, which gave indications of having perished about two weeks before. It was born with the membranes unbroken, but there was no water in the sac, not even a teaspoonful, and I am under the impression that the demands upon the circulation by the tissues of the patient had caused the amniotic fluid to be absorbed. Now this may be a wild speculation, but we know that in the abstraction of blood by venesection, you can in a very short time occasion syncope for the want of blood in the brain, but if you arrest the hemorrhage it is remarkable how soon the patient will recuperate. The brain has then received its requisite quantity of blood. Why? Because the whole system is filled with fluids and the demand of the vessels have caused it to flow in, and the great loss, which, if it were continued a little longer in the brain, would have destroyed the patient, is supplied again by the fluid already in the system; there is not only a flowing out of the smaller vessels and capillaries but there is a great absorption fom the tissues. We know that in a human body weighing 150 pounds there are 120 pounds or more of water, and the balance is dry matter. Man is made of water, and this very rapid diffusion or diffusibility of this fluid enters into its peculiar composition. The animal fluids differ from spring water, or rain water or Mississippi water or sea water; we know it differs from them all from the fact that if you inject these fluids into the circulation without their passing through the process of digestion, if they contain saline matter, you will in all probability find it in solution in the urine, showing that the water was not absorbed. If we inject a solution of saccharine matter, glucose or syrup, for instance, into the circulation, it will not be absorbed into the tissues, but it will appear in the urine. The same is true of the albumen of an egg or any form of albumen that has not undergone the process of digestion. Digestion is necessary then to diffusibility.

Dr. Watkins. — Sometimes peculiar phenomena take place in the gravid uterus. I was called to see a very intelligent lady who complained of incessant vomiting during pregnancy, which had persisted for some months. She claimed to be three months advanced in pregnancy. She had previously been under the care of an eminent physician of this city, but kept growing worse until she could not arise from the bed. In her desperation she secured a male catheter with a stilet in it, which she confessed to me, she had introduced twice within the uterus to the depth of about three inches, as near as I could estimate. I examined the case, and tried opiates and various other treatment, but she continued to decline, until I noticed a very offensive discharge from the uterus, from which I suspected that decomposition of the contents was taking place. I related the case to my friend Dr. Newland; he suggested that, by all means, I should bring about an abortion as rapidly as possible. I then introduced a sponge tent, and about eight hours from that time the fetus was cast off entire in the sac, afterbirth and all. I expected certainly to have found the fetus in a state of partial putrefaction, but it was cast off in its entirety, and no decomposition whatever had taken place. The conclusion I arrived at afterwards was, that when the patient introduced the instrument, it possibly passed between the fetal sac and the wall of the uterus. The discharge from the uterus was very offensive for about three days prior to the casting off of the fetus and also for about a week afterward; she then had a severe attack of pelvic cellulitis, which afterward yielded to treatment.

Dr. Meisenbach.—What amount of hemorrhage was there after the expulsion of the sac?

Dr. Watkins.— There was scarcely any hemorrhage whatever; the womb contracted very well afterwards, there were very few afterpains, but there was a high temperature and pain in the right iliac region which indicated the presence of pelvic cellulitis. I gave her heroic doses of opium and quinine, which constituted the main agents in the treatment.

Dr. Johnston.—The questions presented to-night by Dr. Hendrix involve a consideration of the entire subjects of germination and ovulation. The male furnishes the germ, which we will not trace further back in its earlier history, but, suffice it to say, that at each sexual act, from one to five thousand sperms are deposited at the cervix, and if I understand the doctrine of dynamics in physiology, the theory now is, that these sperms move by ciliary action, being surrounded by

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an atmosphere similar to that which they have left. These germs have the power of passing through the cervix into the cavity of the womb. The female by the processes of her nature, through the laws of evolution, forms the egg, at a certain period of ovulation the vesicle is ruptured, and, by a process not entirely known, it passes partly through the Fallopian tube and is received into the cavity of the uterus. This sperm whose power, inherent in itself, of penetrating, meets the egg of the female; the egg being surrounded by fibrous tissue, by what process does this sperm enter the egg? As yet, this question, if I understand aright, has not been fully settled by physiologists and evolutionists. They are not entirely agreed. But it is certain that it has the power of entering the egg, and the presumption is that wherever it meets the egg an active change takes place in both. In the female it seems that at a certain temperature the egg assumes and appropriates the sperm to its own use and development. It then adheres to the mucous membrane of the uterus, and then there is another process going on rapidly. The chorion seems to be evolved simultaneously, adhering to the mucous membrane of the uterus, and that membrane being thrown out gradually closes up the egg, which is now undergoing its dynamic power of evolution, and, so far as anatomists have made examination, the first part to develop itself is the intestines, next the brain, next the heart and kidneys, but this chorion, if I understand it correctly, is formed before the brain or heart or kidneys or umbillical cord. Now I think a large majority of physiologists, Matthews Duncan and others, particularly Haeckel, are of the opinion that the liquor amnii is evolved from the chorion and retained in the sac, the sac being a closed membrane—a serous membrane, and the process of absorption from it does not take place. Dr. Pollak refers to some German writers, quite a number of whom contend that the liquor amnii is furnished by the kidneys of the fetus, but reasoning from the laws of evolution and the development which takes place first in the egg, we must come to the conclusion that it is the most correct view, that the secretion is by the chorion. I know that quite a number of evolutionists hold that the liquor amnii in placental animals is furnished by the kidneys, but, in my opinion, it is more probable that it is furnished by the chorion.

Dr. Atwood.—Almost every obstetrician has seen cases of amniotic dropsy. I remember one case in which the distension of the abdomen was enormous, and upon puncture of the sac the discharge saturated two mattresses, ran down and filled a bucket and then ran across the floor, and yet I delivered that woman of a small, acephalous child. I can not imagine that the kidneys secreted that quantity of water; it was simply enormous as is always the case in amniotic dropsy, notwithstanding the child was without a head. She was a stout German lady in excellent health, and I supposed from her dimensions that she was pregnant with twins.

Dr. Hurt.—That verifies my idea: that if there is a redundancy of fluids in the vessels —in the circulation—and there are any sacs in the system that will receive it, it will flow into them, it will diffuse. This lady's blood vessels were probably in a plethoric condition.

Dr. Williams.—A gentleman a few weeks ago had been drinking considerably, yet not excessively, when he was suddenly attacked with hemorrhage from the bowels and stomach. He passed a large amount of blood from the rectum and also vomited a large amount. His physician treated him promptly and he had no recurrence of the hemorrhage. A few days afterward he noticed that his left eye was totally blind, and for this I was consulted. On examination I found that the optic nerve of that eye was enormously swollen and perfectly white; not red, as is usually the case. This excessive whiteness of the optic nerve was the result of exudation of a whitish material into the substance of the nerve; the blood vessels of the nerve were completely covered up by this whitish exudation, so that the nerves on the disk hardly showed at all. Otherwise the bottom of the eye was apparently healthy. On the surface of the disk there were as many as six spots of extravasated blood, quite large spots. This whitish exudation rapidly absorbed and the natural blood vessels apparently were uncovered by the process of absorption, so that in a few days the blood extravasated was all gone and the natural blood vessels of the nerve came to the surface in a natural way. I mean the larger blood vessels. The nerve substance continued to remain perfectly white. I saw the case only a few weeks ago and at that time the nerve was rapidly undergoing white atrophy. It never regained its normal redness at all. In my judgment it is hopelessly and permanently blind. The interesting feature of the case was, that only one optic nerve should be involved in the trouble. What the relation of this hemorrhagic tendency which took place in the optic nerve and also in the stomach and bowels bear to each other I do not know. The man is in perfect health. At the time of the disturbance he was troubled a good deal with swimming of the head.

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This was probably the result of the loss of blood. I mention the case simply as an interesting item.

DR. MOORE.—I desire to report a case of chorea which is apropos to the excellent paper read by Dr. Hughes on that subject a few weeks since. My object in reporting it is to point out the apparent value of the bromide of sodium in this condition. Dr. Hammond, I believe, maintains that the bromide of potash is the greater antispasmodic, whilst the bromide of lithium is the greater hypnotic, and that the bromide of sodium ranks second as a hypnotic to the bromide of lithium. This case was a young lady attending the High School here; she was naturally nervous and became more so by the fear of a harsh teacher. She had been menstruating a year, and the past month was the first cessation of the menstrual flow since it was established. At this time there were decided choreic movements. When I first saw her she was in bed; her face haggard and pale, the pupils dilated. She made no complaint whatever and did not sleep at night, and the cough, of which Dr. Hughes spoke, was present, a cough for which the lungs showed no physical signs. It came on in the evening and persisted through the night, and was most distressing. The mother had died of phthisis and on this account the cough gave great alarm to the relatives. She did not sleep during the day in the absence of the cough until I gave her the bromide of sodium, commencing with 30 grain doses, believing that by large doses only we could get the desired effect. She commenced sleeping the second night after taking the above quantity of bromide of sodium and slept soundly the following night, and the choreic symptoms—the movements—were lessened the following day. The appetite became good; but at this period the child became very moody; her temper, which had been usually mild and pleasant, became exactly opposite. For instance, the aunt, who was very kind and considerate, as far as I could see, incurred her displeasure and she would stamp her foot at her, whilst the aunt was giving me the history of the case, and slap and pinch her; yet she talked to me quietly and still declared that she could not talk, could not swallow, could not feed herself or do anything at all which an ordinary girl could perform. Another singular feature of the case was this: after I had watched it for several days the aunt reported to me that there had been a discharge from the right ear. It was undoubtedly pus and a very free discharge. The girl had never complained about the ear. Now about four weeks have elapsed and the choreic movements have almost entirely subsided, and improvement is going on in every way except in the disposition; that has a tendency to become worse. There is no family history of insanity, other than that some distant relative was insane. The patient had missed two or three months in the menstrual period, notwithstanding the fact that iron and other tonics to improve her general condition have been given. She now sleeps soundly and eats well; still there is not much general improvement and the condition of the mind is rather worse in every respect. In the absence of Dr. Hughes I would like to hear the opinion of any one who possesses special knowledge of nervous diseases as to what the chances of recovery are, and what the chance of final mental aberration, also, and any suggestions as to treatment.

The movements are unilateral; there was not much trembling, but the movements of the hand and limbs were synchronous, as were also the movements of the face upon the right side. The discharge was from the right side. The cough was exceedingly aggravated, but neither the lungs nor the throat revealed any traumatism or any cause whatever for it. The temperature was normal; there had been no complaint about the ear whatever, and even at the time of the discharge of pus no special attention was paid to it. No tenderness about the mastoid cells that I could discover. The digestion is good, but the nutrition poor; the girl was attending school, and failed in her capacity for study; that is the way it was first noticed; she had a fear of not being able to pass her examination; that was the cause suggested by her aunt.

TO BE CONTINUED.

CORRESPONDENCE.

ARRESTED FETAL DEVELOPMENT.

In the article by Luke A. Harcourt, M. D., of Chicago, in THE REVIEW of March 15th, I saw for the first time an account of a case similar to one I had a few months since. I had been searching the medical literature at my command, but had been unable to find anything to throw any light on the case I shall describe.

I was called on the evening of October 29, last, to attend Mrs. Chas. Randal, three miles from this village, in her first confinement. Upon examination I found the os dilated to about the size of a silver dollar. The finger came in direct contact with the fetal head, which I found to be in the first position. The labor progressed rapidly, and in one hour and a half, during an unusually hard pain, the child was expelled with extraordinary force; it seemed, in fact, as though it had been shot into the world. The child was alive, though the breathing was labored. The placenta

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and membranes were attached directly to the abdominal parietes. There was no umbilical cord. I removed the child to the next room, and it lived fifteen or twenty minutes, The parents were informed that there was a deformity, and after much urging they consented to my having the body.

When I cut into the mass which was attached to the abdomen I found that the intestines, both large and small, and an enormously enlarged liver were in the interior, having been pressed out of the abdominal cavity and entirely enclosed with placenta and membranes. There was no sign of an umbilical cord, and the circulation was carried on directly from placenta to the walls of the abdomen. Where the placenta was attached to the abdomen it was about two inches in diameter and of circular form, the membranes being attached to the abdomen at the junction of placenta and abdomen. The placenta was a little smaller than normal. The child was a female and the generative organs were normal, but the anus was imperforate, there being no sign of it, the skin being perfectly smooth. There was spinal curvature in the lumbar region. The right leg was deformed; it had the appearance of having been compressed, the foot being only a membrane with three rudimentary toes, the smallest of which was attached near the centre of the foot on top. The upper part of body and head were natural. There was no amniotic fluid evacuated either before or after delivery, and there was not to exceed two ounces of blood. The parts were well lubricated by the secretions, and it was not a difficult labor. The mother had a good recovery, without a single bad symptom. The child with its attachments weighed seven and three-fourths pounds. I could not learn upon the closest inquiry that the mother had had any fright, and she had met with no accident. She was native born, nineteen years of age, healthy, dark complected, and weighs 125 pounds. She was evidently at full time.

I have the specimen preserved, and I intend to exhibit it to our State Medical Society in June.

E. P. GOULD, M. D.

Jackson, Minn. April 2, 1884.

AMERICAN MEDICAL ASSOCIATION CONVENTION.—Delegates and other practitioners attending the American Medical Association Convention at Washington, D. C., May 6, prox., and departing from or via St. Louis, will find the Vandalia Line and the O. & M. Railway the most direct routes. Those attending the convention pay full fare going and one-fourth returning, the return trip rate being a fare and a fourth.

THE REGULAR QUARTERLY MEETING OF THE ILLINOIS STATE BOARD OF HEALTH will be held at the Grand Pacific Hotel in Chicago, beginning on Thursday, April 17. At this session candidates for certificates will be examined, both non-graduates, who must undergo an examination upon their preliminary education, as well as the usual branches of medical study; and also graduates of colleges which have not fully complied with the schedule of minimum requirements adopted by the Board in 1880, and in force from and after the session of 1882-83.

THE MISSISSIPPI STATE MEDICAL ASSOCIATION held its seventeenth annual session at West Point on April 2 and 3. Captain Frederick Barry delivered an address of welcome, President Green delivered the annual address, and papers were read by Drs. Carter, Sale, Craft and others, and discussed by the society. The attendance was large, and the meeting was a successful one in all respects, as is usual with this association. Dr. Phares was elected president for the ensuing year, and Greenville selected as the next place of meeting.

BOOK NOTICES.

SHAKESPEARE AS A PHYSICIAN, comprising every word which in any way relates to medicine, surgery or obstetrics, found in the complete works of that writer, with criticisms and comparison of the same with the medical thoughts of to-day. By J. Portman Chesney, M. D. 8vo., pp. 226. (J. H. Chambers & Co., Chicago, St. Louis and Atlanta; 1884.)

This is a neat volume, very handsomely put up, which is embellished by a number of well-executed drawings. The author has done his work very thoroughly, and has produced a volume of which he may be justly proud. Every allusion and word that is in the least connected with medicine or any of its branches is quoted and commented upon in a pleasant and instructive manner. It is a book that ought to find its place, not only upon every physician's book-shelf, but also in the library of every Skakespearian scholar and reader. The volume is not only an interesting one in all respects, but will also prove a valuable addition to the large number of studies of the works of Shakespeare.

ITEMS.

The next annual meeting of the Missouri State Medical Association will take place on the Third Tuesday in May. The days of meeting will be May 20, 21 and 22, 1884, at Sedelia. This change has been made by order of the Presid3nt.

The Clinical Society of London has named a commission to make researches in myxordema.

In the trade-room of the new Chicago Chamber of Commerce the air will be completely changed each five minutes.

A Presbyterian hospital in Philadelphia is said to have refused twenty-five hundred dollars because it was the receipts from a ball!

According to London dealers people eat 20 per cent. more bread when the weather is cold than when it is mild and muggy.

The address to the graduating class of the medical department of the University of Buffalo was delivered by Dr. Roswell Park, formerly editor of THE REVIEW.

Dr. Landon B. Edwards calls attention to the use of chloral hydrate in gastric ulcer. He reports three cases in which he has had remarkable success with this remedy.

It is said that Powers & Weightman are about to supplement their resources for the manufacture of quinine by purchasing a factory already used for a similar purpose at Milan.

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Chemists, pharmacists, instrument-makers, etc., who desire to make displays at the coming meeting of the American Medical Association, should make application to Dr. C. Patterson, 919 I Street, Washington, D. C.

Dr. Suss reports a case of intussusception of the small intestines of a woman, aged 71, with recovery of the case. Kilotomy had been performed eighteen years previously for a strangulated femoral hernia.

The third number of "The Analectic," with its monthly periscopic summary of the Progress of Medical Science, has appeared. The publishers of this journal are G. P. Putnam's Sons, and the editor W. S. Wells, M. D.

M. Morel-Levallée reports a number of cases in which purpuric spots rapidly transforming themselves into bullæ containing blood, occurred after the administration of chloroform, in the short space of a minute or two.

Dr. Kolwalski, of Vienna, reports a case of suppurative otitis media, in a patient suffering from incipient phthisis; he found tubercle baccilli in the discharge from the ear. The same gentleman has produced tuberculosis in hens by feeding with tuberculous matter.

M. Megnin lately mentioned a case of extraordinary proliferation of calcareous bodies in the muscular tissues of an old horse. This is due to deposits taking place about the degenerated muscular fibres, and has been found in the muscular tissue of the uterus in old women.

Dr. S. Louis LaGarde reports a successful case of œsophagotomy (Amer. Jour. Med. Sciences) for the removal of a plate of artificial teeth, and shows that statistics do not support the view of Sir Wm. Fergusson and Nélaton, that it is a dangerous operation.

A New Method in Adherent Placenta.—Dr. J. Feld, of Kansas City, reports that in six cases of adherent placenta he has saved the woman by pumping cold water through the umbilical cord. In one case the patient was in convulsions when the after-birth came away.—The Clinique.

We should like to see the statistics upon which the Medical and Surgical Reporter bases the assertion that "Epilepsy is decidedly a disease of the white races." We are decidedly under the impression that the negro race in this country will show a larger percentage of epileptics than the whites.

During the scholastic year of 1882-3 the medical schools of France conferred 662 diplomas of doctor of medicine, distributed as follows: Bordeaux, 44; Lille, 20; Lyons, 43; Montpellier, 59; Nancy, 21; Paris, 465. During the same time the number of diplomas granted in the German Empire amounted to 692.

Hoeftman is of the opinion that the evil influence from iodoform is due to the form in which it is used, the crystals being less objectionable than the powder. Czerny thinks it depends more on the extent of the wound and the presence of fat; Koenig thinks it dependent rather on the age of the patient—the older the patient the greater the susceptibility.

The female doctors of Philadelphia are making it lively for the county medical society. The ladies have adopted the policy of presenting themselves as candidates, one at a time, and as this brings a new applicant at each meeting, it forces the opposition to turn out regularly every week, in consequence of which the attendance is phenomenally large.

Dr. H. C. Yarrow reports, in the Amer. Jour. of Med. Sciences, a case of very severe poisoning from the bite of a copperhead, which was successfully treated. He reviews recent investigations concerning the effects of serpent venom, and points out remedies to be employed in cases of snake-bite; he recommends as a chemical antidote the injection in the immediate vicinity of the bite a one per cent. solution of permanganate of potassa.

Dr. Robert Meade Smith, in the Amer. Jour. of Med. Sciences, criticizes Hering's infusion method for determining the time required by the blood to make one complete circuit of the body, and points out that the element of diffusion of the salt employed forms a considerable factor in the calculation. Dr. Smith substitutes for the salt pigeon's blood, with proper precautions, and he demonstrated by experiment the unreliability of the diffusion method.

Remarkable Fecundity.—Dr. F. P. Atkinson writes to the British Medical Journal as follows: "I have just come across a somewhat remarkable, well-authenticated instance of fecundity. The lady, who was of good position, married at sixteen years of age and died at sixty-four. She had thirty-nine children (all by the same husband, whom she survived,) thirty-two daughters and seven sons, and they were all single births except two, which were twins. An interesting point is that all the children lived to attain their majority."

A Singular Sect.—The Boston Advertiser makes the rather surprising assertion that a religio-philosophical sect in that city, whose chief tenet is that disease is caused by the absence of God from the body, and can be cured by the passage of the divine effluence from the well to the sick, as they sit with their spines in contact, numbers among its adherents "people of influence and prominence and some whose names are as familiar as household words." Missionaries of this sect have put in an appearance in Chicago, and they are said to be capturing the "elite."

The Susceptibility to Hypnotism.—M. Brémond has made on sailors, soldiers and officers, from fourteen to twenty-six years of age, a large number of experiments, showing that lethargy, catalepsy, and somnambulism can be produced in healthy, non-hysterical people, and that these phenomena are preceded by a peculiar state of fascination. The period of fascination is characterized by a sudden increase in the frequency of the pulse. One-third of the young men experimented upon manifested one or more of the above-mentioned symptoms.

The Pall Mall Gazette publishes Thomas Delaune's classification of the poor as follows: 1. The poor by impotency; 2. The poor by casualty; 3. The thriftless poor. Each class may be taken as having a triple subdivision, as follows: 1. a. The fatherless poor man's child; b. The aged, blind and lame; c. The diseased person, by leprosy, dropsy, etc. 2. a. The wounded soldier; b. The decayed householder; c. The visited with any grievous disease. 3. a. The rioter, that consumeth all; b. The vagabond, that will abide in no place; c. The idle person, as strumpets and others.

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THE REVELATION OF PATHOLOGICAL CHANGES IN THE SPINAL CORD IN TABES DORSALIS has been the subject of a special investigation in the laboratory of Prof. Weigert in Leipsig. The occasion of the research was evolved by the discovery of an improved method of staining by which certain elements of the nervous system are brought into sharp relief. The investigation to which we refer was made by Heinrich Lissauer, and an added note by Prof. Weigert testifies to the accuracy of the observation and the method employed, closing with an improved method of exhibiting the same characteristics in a more striking degree and by means still more simple.

Up to the present time, says H. Lissauer, the changes in the gray substance of the cord in tabes dorsalis which have been noted have been confined to a more or less vague general atrophy of large sections especially of the posterior horns, and on the demonstration of certain vague departure from the normal appearance. There has been no certainty or exactness relative to the degree of the pathological change;nor which of the elements in the degenerated region it is whose disappearance or diminution constitute the characteristic peculiarity. It has however been shown in some cases that the numerous and coarse fibres in the posterior columns which stretch into the posterior horns, and which seem to be in relation with the columns of Clarke are also affected. But what definite part of Clarke's columns are affected by the change has not been indicated. The cells having been found normal in appearance and number, no further pathological change has been sought.

L. says, a section from the lower part of the dorsal region, in which Clarke's columns are well developed, reveals in a part of the posterior horn in front of the Substantia Gelatinosa Rolandi the existence of fine nerve fibres.

These fibres stretch out horizontally, obliquely in different directions, but for the most part they take a vertical direction and appear in the section as cross-sectioned. Inside of this region, consisting wholly of nerve fibres is revealed a sharp, well-defined field which is known as Clarke's cells. Whilst the circumference is characterized by a remarkable abundance of very fine fibres, there is also revealed in the column itself closely packed bundles of fine fibres extending upwards and very numerous horizontal fine threads which,running in every direction wind themselves between the groups and the individual ganglion cells. The difference between the fibrous construction of Clarke's columns and the surrounding gray substance is so clear and sharply defined that in a well-stained section Clarke's columns can, with the naked eye be clearly distinguished as two well defined columns inside of the less markedly colored posterior horn on both sides of the spinal column. The preparation also shows how the coarse fibre tracks, which arising from the posterior columns stretch into the posterior horns, are continued to Clarke's columns.

In a striking manner the appearance above described is changed when an examination is made of a sclerosed spinal cord from a well-marked cases of tabes. Clarke's columns are now manifest by their poverty in fibre elements just as the normal preparation was characterized by their abundance. The ganglion cells still intact lie in a region quite pale and free from fibrous nervous elements, while the surrounding gray substance is in no way

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affected with a corresponding change; on the contrary it still possesses a large number of fibres in good condition, in fact the remaining part of the section presents the normal appearance. The remarkable difference between the degenerated tissue and that which is still practically normal is quite striking. Clarke's columns are if possibly more clearly defined than in the normal condition; only now it is conspicuous by the absence of color in comparison with the surrounding tissue. Such a section would represent a severe case of tabes dorsalis.

As far as observations have been made up to the present time, the general statement may be made, that Clarke's columns should,even to the naked eye, in the normal condition be more deeply stained than the surrounding part, the deeper color being a proof of its greater richness in fine fibres; and that when there is any departure from that condition the specimen must be regarded as presenting pathological features.

The coloring substance that L. employed was fuchsin, the details of washing and rendering transparent are given in the Fortschritte der Medicin, B. 2, No. 4, but Prof. Weigert in his appended note gives the following method which he considers to have special advantages over the fuchsin stain. The section is deeply stained with hematoxylin and then washed in an alkaline solution of red prussiate of potash. The fibres described are then seen of a deep black color, the back ground of a bright yellow, the ganglion cells brownish, whilst the nucleus is not colored at all. By this method the fibres are not only clearer but appear more universally colored in the minutest ramifications.

The material which L. used for the investigation independent of the normal specimens used for comparison, was obtained from the pathological specimen in the Leipsig institution. They were ten in number, of which there was not one which did not exhibit the above described condition, namely, a disappearance, more or less marked, of the fibres found in the columns of Clarke, the extent of the changes of course varying in the different cases.

This method of investigation will be greatly appreciated and will facilitate the testing of certain statements made of late relative to several well marked cases of tabes dorsalis in which the peripheral nerves were said to have been degenerated whilst it has been recorded that the spinal cord was unaffected. It is more than probable that the improved method of staining will show changes which were then overlooked.

Medical Education. — Our Board of Health in Illinois has, at intervals, published some pretty rough cases to illustrate the material they sometimes come in contact with; but the Sanitarian, from the returns of the Secretary of the Health Department of Baltimore, has furnished us a few cases that shows the determination of the Eastern States not to be eclipsed even in educational phenomena by the West. For example:

Boy, aged 10 years: "Primary cause, Dropsy of Brain from Infancy." Immediate cause, " Head the size of any wooden water bucket."

Child, aged 10 days: Primary cause, "Mother far advanced in Phthisis Pulmonalis." Immediate cause, "Child born with Marasmus, with slight hopes of living, found dead in bed."

Child aged 4 years: Primary cause, not given. Immediate cause, "Eatiug a heavy piece of apple pie four hours before death."

Lady, aged 85 years: Primary cause, not given. Immediate cause, "Euthanasia."

This physician, when asked for a correct diagnosis, gave the cause "Old Age," adding that "Euthanasia was correct, Webster's unabridged dictionary to the contrary notwithstanding."

Lady, aged 80 years: Primary cause, "Fall from a third story window." Immediate cause, "Seeing it was a fatal case, I let her die in peace, which she did in one hour and twenty minutes."

Man, aged 45 years: Primary cause, "Inflammation of the intritins or bowels." Immediate cause, "Enterits."

Woman, aged 58 years: Primary cause,

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"Choeleria Infants." Immediate cause, "Choeleria Infantum."

This gentleman when asked about the above certificate said, "I don't see why a woman can't die of the same disease as a baby; her bowels gave way." And when reproved for his bad orthography, retorted by saying, "I wasn't brought up at the feet of Gamzell! but I know how to treat disease." Doubtless he was thinking of St. Paul sitting at the feet of Gamaliel. His last effort was the following:

Man, aged 45 years: Primary cause, not stated. Immediate cause, "Histeritis."

I sent Dunglison's Dictionary, revised edition, to him, with one of our officers, to let him see that Histeritis was Metritis, and that a man could not have such a disease. He very coolly told the officer that my books did not agree with his; that he was correct, and that "the man died of that disease, because he couldn't keep nothing on his stomach." This fellow has a large practice, a big diploma, and also a certificate from a prominent medical society that he is fully qualified to practice medicine.

TEMPERATURE OF THE BODY.—The following interesting item respecting the temperature of the body is abstracted by the Jour. Am. Med. Ass'n. from a communication by Dr. Wm. Carter, of Liverpool, England.

After noting the observations so generally made regarding a periodical rise and fall in the temperature of man during the twenty-four hours, a minimum about 6 A. M., and a maximum between 4 and 9 P. M., independent of sleep, he set himself to work to determine whether this periodicity might not be modified in accordance with the ordinary habits of life, and selected for observation the night nurses and night sisters of the Royal Southern Hospital. Their routine is as follows: Rise at a quarter to 8 P. M., down at twenty minutes past eight, breakfast at 9, and then enter on their hard duties. Their duties cease at 9 A. M. They take exercise till twelve, when they go to bed. Six of these were selected. They had performed this duty respectively, three years, ten years, seventeen months, two months (2), three weeks and lastly, the night of commencing observation was the first night of the new duty.

The temperature was taken every two hours, with the thermometer in the axilla for five minutes, and continued from five to six days. The record is given in detail, and establishes the conclusions: that a daily depression of temperature takes place in the healthy during night and early morning; that such a change of habit as turns night into day, so far as employment is concerned, does not permanently affect the character of this depression; that a daily range of from two to three degrees F. may take place consistently with health; that an axillary temperature of 96°, or even lower, at some period of the night, is consistent with health. and that the character of the daily oscillation is not markedly affected by food.

OVER-PRODUCTION BY DIVISION AND MULTIPLICATION OF LABOR is the optimistic view of it taken, by the Maryland Medical Journal, which goes on to say, that the great advance in the different departments of medical science is another factor in the solution of the problem of over-production. Formely the profession was too fully occupied with the management of acute diseases and with acute surgery to consider the long list of chronic ailments now classed among the curable diseases. New and lucrative avenues of trade have been opened up to the specialists by recent methods of study and practice. Diseases have multiplied as the means of combating them have been reached. Many physicians find employment in new fields, which only a few years back yielded sparse crops. Hence a new demand has arisen for an increased production of medical men. Out of the growing ranks of new recruits not a few wander into special channels. The ambitious, energetic and enterprising find employment in lines of practic which have had only a modern existence. Within the last decade the number of specialists in the various departments of medicine

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has so rapidly increased that new and distinct fields of medical practice have called into existence numbers of medical workers in every large city. These men are beginning to multiply in the smaller cities, and will, sooner or later, find their way into the villages and rural districts. The result is they find patients from whom the general practitioner would gladly escape; they find employment and a livelihood in communities supposed to be overcrowded with physicians.

Looking at this question of over-production from the standpoint here presented, we seriously doubt whether the profession is at present endangered by the large additions annually made to its ranks, to the extent generally feared. We would be glad to see a statement showing that the profession of the present generation is more impoverished by sharp competition in its ranks than it was in generations back by its inability to combat disease with the same success which now attends its methods of practice.

CALCIUM SULPHIDE in the treatment of diabetes mellitus is spoken of by Dr. Caldwell. (The New York Medical Journal). He says that within the past ten years so-called calcium sulphide has been recommended by several observers as a valuable drug in the treatment of diabetes mellitus. Dr. N. C. Husted, who was himself afflicted with the disease, made a complete and lasting recovery by using this drug in connection with appropriate hygienic treatment. The doctor has since employed it with satisfaction in other cases of diabetes. Dr. Austin Flint, Sr., has prescribed the remedy, along with suitable diet, general management, etc., in several cases which progressed favorably. Dr. C. H. Lellman gave sulphide of calcium with remarkable good effect in a single case occuring in his service. The author has used the drug in only three cases. In one, it produced no effect whatever. In the others, improvement began and recovery took place during the administration of the remedy. In the first case, improvement commenced in two weeks, but the rigor did not entirely disappear until six weeks after treatment was begun. In the second case benefit was unquestionable at the end of three weeks, and no sugar was detected after one month of treatment. The patient with whom calcium failed took the drug faithfully for one month. Although calcium sulphide is certainly not a specific in diabetes, yet it seems worthy of a trial in persistent cases of this distressing disease.

SYPHILITIC REINFECTION has been the subject of a series of contributions by Professor Neumann who, from a critical examination of the recorded examples of reinfection (Medical News), reaches the conclusion that, although syphilis usually occurs but once in the same subject, cases of undoubted reinfection have been observed, but that they constitute only about one-half of the recorded instances of a second outbreak. The criteria of reinfection are a clear history of the first infection, an initial lesion, enlargement of the inguinal glands, and subsequent secondary manifestations. A sore following coitus may be a relapsing induration, gumma or a chancroid, the last of which lesions exhibits a marked tendency to an indurated base in syphilitic patients, so that a hard lesion seated on the genitals, without concomitant adenopathy and consecutive constitutional symptoms, is not an indication of a second attack.

THE MICRO-ORGANISM OF ACUTE INFECTIOUS OSTEOMYLEITIS has been attracting attention lately. Dr. Becker has made, in the laboratory of the Berlin Imperial Sanitary Office, a series of important experiments on the micro-organisms discovered by Schüller and Rosenbach. He collected pus from five cases of acute osteomyleitis in which the abscesses had not been opened, and cultivated the micrococci contained in it on sterilized potatoes, coagulated serum, and gelatine-peptone. In the latter case, the pus was introduced by means of needles into the mass, which was then kept at the temperature of the room during three to five days. After

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that time, the punctures made by the needles assumed the appearance of white streaks, around which the gelatine liquified gradually and took an orange color. After a few days more, the mass gave out a smell like sour paste, and the microscope revealed the presence of large numbers of micrococci, having the same appearance as those found in the pus. A small quantity of the mass was mixed with sterilized water and injected into the peritoneal cavity of some animals; they died in a very short time of acute peritonitis. The same fluid injected into the jugular vein caused acute septicemia and death; but nothing abnormal was found in the bones in either case. Dr. Becker then injected a small quantity of the same fluid into the jugular veins of fifteen rabbits, after having, some days before, fractured or bound the bones of one of their hind legs. On the day after the injection, weakness and loss of appetite were noticed; but after a short time the symptoms passed away, and the animals seemed to have recovered. At the end of the first week, however, a swelling formed at the seat of the bruise or fracture, the animals lost flesh, and died after a few days. On dissection, large abscesses were found around and in the bones, and in several cases metastatic abscesses had formed in the lungs and kidneys. Numerous colonies of micorcocci were discovered in the blood and pus of the animals upon which the experiments were made.

THE REAL CAUSE OF DESCENT AND PROLAPSE OF THE WOMB is injuries of the pelvic diaphragm, according to Dr. B. E. Hadra, (Am. Jour. Obst.). He contends that: 1. The perineum is no separate organ of itself; that it is nothing but an anatomical general name of a region which even by men like Henle and Savage cannot be distinctly described. 2. That the true floor of the pelvis is what Lüshka called the pelvic diaphragm. 3. The womb, like the pelvic viscera in general, is not supported by the perineum directly, and will not necessarily fall when the perineum is torn; but descent or prolapse can take place only when the pelvic diaphragm fails to act. The slit between the two levatores ani is to the pelvic organs what the inguinal canal is to the intestines; it is under normal circumstances not wide enough to allow descent or prolapse. The analogy even goes further. We might compare the two levatores to the two shanks of the inguinal canal. The author proceeds to give clinical facts in support of his views,

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OUR ASYLUMS AND OUR INSANE is the text of a paper by Dr. Samuel Ayres in the American Psychological Journal. Amongst the good advice he gives we can commend the following: "The most intimate professional intercourse should at all times exist between a superintendent and his medical assistants and, accompanied by them, he should visit one department daily, and thus see all the inmates every two days, instead of every three months, as we have heard of. He could then institute such measures and treatment as are indicated, and follow them up by constant observation. The assistants should keep a daily clinical record of each case receiving medical treatment, as is done in our best general hospitals, and also note the condition of interesting chronic or incurable patients, which record may be consulted on his daily visitations by the chief officer. A little more zeal among the resident staff of our asylums, a little more of the enthusiasm of the English and French clinicists, would be a good thing. I cannot too strongly advise increased medical service in our asylums. At present, in most of them, one assistant physician has to attend the medical wants of from 200 to 300 patients, and sometimes has their exclusive medical care." It is needless to add what the remedy is for this state of affairs.

SMALL-POX in India seems to be increasing. According to the British Medical Journal, the epidemic of small-pox, which has been prevalent in Madras since the beginning of the year, would seem to have assumed very serious proportions. About twelve hundred deaths from this cause occurred in the town of

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Madras during the first two months of the year, and telegraphic dispatches state that the epidemic is still raging in the town. In spite of some quarantine precautions—chiefly the careful inspection of all persons entering Bangalore from Madras by train, and the watching of the main road between the two towns, small-pox has appeared at Bangalore. The latter town is an important military centre. Vaccination with calf-lymph is being extensively performed.

Woman's Place in Nature is above that of man, according to the Cincinnati Lancet and Clinic. If the result of the highest vitality is the most perfect product, we can scarcely refuse to the female the advantage over the male. It appears to be a well-established fact that an important source of sexual determination is nutritive, as far as ovum development is concerned. That is, when the force becomes partially exhausted, the result is the production of males; when the ovum is in the maximum of sexual potence, then the production is invariably female. Does not this seem to indicate that there is something finer, subtler, more perfect in the organization of woman ?

The Latest Trick in Professional advertising in this city (New York), says the Medical Record, is to write or have written a biographical sketch of one's self for some obscure family paper, pay for an extra edition, and have special copies of the same distributed upon the thoroughfares. Of course it is not to be presumed that the principals have anything directly to do with the matter. And even if they had, free personal advertising is not in such bad odor as before the distinguished editor of the association journal published his very liberal views on its propriety. It is, in fact, another way of publishing professional cards, announcing specialties and office hours. Medical colleges, dispensaries, public and private, do it for the good of the suffering poor, and why should individual doctors be debarred of a like privilege, when they wish to help themselves? It amounts to the same thing in the end. The only pity is that the young and struggling doctor, who is anxious to earn his bread by "the sweat of his brow," does not dare to let the people know of the fact that he is willing and ready for business. The only way left to him, apparently, is to hire a room in a tenement house, start a private dispensary, make himself the chief medical advisor thereof, and advertise with the laudable anxiety of helping the sick poor, who are so notoriously neglected in this great city. It is not much more difficult to start a dispensary than it is to found a medical college, and, considering the need of both, not only here but elsewhere, there are abundant opportunities for using printers' ink legitimately and profitably. The other method of taking the biographical scheme, is not to be thought of by men who have no reputation and who are not old hands in the business. This requires experience,as well as everything else.

Medical Officers on Board Ships has been the subject of various articles which have appeared in several prominent medical journals of late. It appears from the information furnished by Dr. J. A. Irwin, that the conveniences and emoluments of such officers are about equal to those afforded the cook. If the owners of steamers can get such offices filled for such recompense, it is only a commonly recognized business principle, that they will certainly not pay more; so that the question of pay, conveniences and social standing in the ship rests with the medical officers themselves. It does seem, however, that it is incumbent on the various governments between which the said steamers travel to secure for the travellers who commit themselves to the sea, that an average talent should be within call in case of emergencies arising. In the case of emmigrant ships, the duty on the part of the government is the more stringent as the people are more or less forced to seek other lands, whilst those who travel in "first-class lines" are supposed to have facilities for investigation, judgment and choice in the matter which would make it a

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point of interest with ship owners to engage creditable medical officers. Their interest will always bring them to time.

SUICIDE STATISTICS.—The practice of formulating statistics cannot be too energetically encouraged. By their study there is revealed to the mind channels of thought which not unfrequently leads to unexpected discoveries. Great discretion has always to be exercised in eliminating the errors of the personal equation, whether the perturbing element is due to self interest or ignorance. In the suicidal field of statistics neither of these disturbing elements would exert much influence. The following item on this subject we take from a quotation in the The Sanitarian, offering a probable explanation of the closing sentence, that the reason why Russia alone offers an exception to all the European countries in the mode among women of taking away their lives is that the facilities for drowning in Russia are not so great as in other European countries.

In France, previous to 1845, the number of suicides by drowing was far greater than those by hanging; since that time hanging has become more popular. Throughout Europe hanging is evidently on the increase; this is especially true of Russia, of Transylvania and Gallicia. It has generally been asserted that one-third of all the suicides in Sweden are effected by means of poison, but M. Legoyt says that poisoning is no longer on the increase, but hanging is becoming much more frequent.

Suicides by drowning have generally been more frequent during the warm months of summer; hanging and poisoning are preferred during the cold months of winter and spring.

Taking the period from 1872 to 1878 the total number of suicides in France by months, is 7.58 per cent. in Jannary; 6.65 in February; 6.48 in March; 9.73 in April; 10.34 in May; 10.99 in June; 10.35 in July; 8.63 in August; 7.43 in September; 7.41 in October; 6.52 in November, and 5.92 in December. In Paris, however, the season seem to have very little influence, according to statistics.

In France full grown men generally hang themselves, young men shoot themselves in the head, and old men hang themselves. Women generally drown themselves, and this is true not only of France, but of all Europe, with, perhaps, the single exception of Russia.

DR. FORDYCE BARKER AND THE EDINBURGH UNIVERSITY.—We congratulate Dr. Fordyce Barker on the distinguished honor about to be conferred on him by the University of Edinburgh on the occasion of its tri-centenary anniversary. The honorary degree to be conferred on Dr. Barker is LL. D. A good man has been selected for a true honor.

NEURALGIC PAINS OF REFLEX ORIGIN.—Too much attention cannot be paid to the possible reflex origin of persistent neuralgias. The Medical Record quotes Dr. Hack, of Freiburg, in a lecture recently on neuralgic accompaniments of pharyngeal lesions. His attention was first called to the subject in connection with a patient on whom he had performed various cauterizing operations of the nose, on account of obstinate migraine and pains in the nape of neck, and who, having been cured of those, came complaining of pains between the shoulders, and of a peculiar burning and tickling in the throat. He himself suggested that the throat should be burned for the cure of the pain, as his nose had been for the pains in the neck. The only lesion in the throat was a marked hyperæmia, and Dr. Hack, not considering himself justified in having recourse to cauterization for so slight an ailment, tried various remedies without any result, until he was at last persuaded to use the galvano-cautery. The pain between the shoulders at once subsided, and also the peculiar feeling in the throat. In another case that came under his care, the pain was in front, above the clavicles, and in the pharynx a little granulating tumor was visible, bleeding on the slightest touch. After the destruction of the tumor by the galvano-cautery, the pain over the clavicles completely disappeared, to return again with a slight return

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of the growth, which was easily removed in the same way. In the third case, hypertrophy of the inferior turbinated bone had caused stoppage of the nose and hyperæmia of the pharanx, with which was associated lancinating pain over the clavicles, which vanished in the same way when the hypertrophy was overcome. The neuralgic pains appear to accompany slight pharyngeal affections more often than severe ones, and always those which are hypertrophic in character rather than the atrophic. The neuralgia is sometimes in the form of sudden, sharp pains, of lightning rapidity; sometimes more diffused, and "rheumatic" in character. Their cause must remain to a great extent hypothetical, but it probably depends on the termination of the nerves in the pharyngeal mucous membrane.

CONTRIBUTIONS.

SUPPURATIVE ENCEPHALITIS.

F. G. MOORE, M. D.

Read before the St. Louis Medical Society, April 5, 1884.

The paper which I shall offer this evening is based upon a case of more than ordinary interest which occurred in my practice some months since.

The literature upon the subject of cerebral suppuration is somewhat meagre. The most satisfactory dissertation I have been able to find being that of Sir. Wm. Gull and Mr. Sutton, in Reynolds' System of Medicine. They have collected seventy-six cases from various sources, and have given the details of each.

Having nothing new to offer as to the pathology, diagnosis or treatment of this condition, and believing that a brief review of the etiology would give additional interest to the case I am about to report, I have concluded to call attention to some of the more prominent cases of cerebral abscess.

All authors so far as I am aware agree in giving diseases of the internal ear as the chief etiological factor in suppuration of the brain; and Rosenthal goes so far as to declare that one-fourth of all the cases are directly attributable to otitis.

Next in importance to otitis may be placed mechanical injuries to the head, whether the bones of the skull be fractured or concussion alone result. Mr. Hewitt has seen two large abscesses due to concussion of the brain.

Suppuration in any part of the body however remote may prove a cause according to Sir. Wm. Gull. He cites an instance where abscess resulted from a whitlow, another from suppuration after drawing a tooth and a third from an ordinary gum-boil.

These insignificant sources, he points out, may often account for the so-called idiopathic cases of brain abscess.

There may also be a reciprocal action on the part of cerebral suppuration, and the pus by traversing the course of the jugular vein produce pleuritis and abscess of the lung substance.

Poynbee was of the opinion that where inflammation resulted from otitis, it was due to the non escape of pus from the tympanum. He says: "So long as there is a free escape of the pus, I believe the inflammation rarely extends to the brain; and in all fatal cases the discharge has been deprived of free egress."

One case of suppuration of the brain from acute disease of the ear has been reported by Poynbee; and Dr. Ogle attributes another case to ulceration of the vermiform appendix, so much for the etiological factors in suppurative encephalitis. The symptomatology will be given in the details of the following case.

On May 10, 1883, a young man 29 years of age called at my office to consult me. His appearance was striking. He entered the room with a zig-zag gait, leaning upon a stout cane for support.

The expression of his face was dull and weary, and its color in strong contrast to that of health, being perfectly bloodless and of a bright lemon hue, while the sclerotics were of a remarkably white and pearly appearance. While standing the body was inclined well-forward and to the right side. His manner of speaking was slow and deliberate. He was both aphasic and amnesic to a certain extent.

The latter condition was manifested not only by the substitution of a wrong word for the right one, but by placing a syllable of one word in connection with a totally different one.

Pulse and temperature were both below normal, the former being below sixty per min., and the temperature 97°F. Hemiopia was present at times—not constant. On re-

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moving the clothes for examination the entire body was found to be of the same lemon color as that of the face.

He had always been singularly free from sickness of all kinds, except a siege of chills and fever that lasted him several months during the year of 1876, and an attack of what was supposed to be scarlet fever—although no eruption had appeared—when six years of age. He was unconscious for two or three days during which time the pupils were closely contracted.

Since that time he had always been more or less troubled with his right ear. A discharge preceded by pain would appear at intervals of weeks or possibly months—continue a few days and pass off. The discharge was never offensive. His hearing continued to grow worse until it was completely lost.

He dated his present sickness back to the first of April—or about five weeks prior to the call at my office. He then experienced an increase of pain in the knee, tinitus aurium. vomiting and a paroxysmal headache of the most intense character.

Pressure over the vertebral spines revealed exquisite pain over the vertebra prominens and the two superlying vertebra, with some tenderness over the two lower dorsal vertebra.

Being requested to stand erect and close his eyes,he immediately began to sway back and forth, and would have fallen had he not been supported. He then stated that it was with great difficulty that he could walk in the dark, and after blowing out his lamp in his bedroom it was with much trouble he could reach his bed. When asked in regard to abnormal sensations in his feet, he said he frequently felt as if he was walking on the outer edges of his soles, and that they were thickened to several times their usual size. He experienced considerable difficulty in rising when lying on his back, and generally had to turn on his face to do so. In view of these symptoms I concluded that locomotor ataxia complicated some more serious disease of the brain. After remaining in this condition for three or four weeks, with occasional seeming improvements, rigors followed by fevers made their appearance, and his case grew rapidly worse. Hallucinations and delusions were present, and he gradually grew weaker and more unsteady until no longer able to walk alone. His intelligence remained good up to this time. When taken out of bed his body would lean so far forward that it would be at right angles with the thighs. Forty-eight hours before death he became comatose, and at my visit in the evening of the day coma set in I was informed by one of the ladies in attendance that the abscess had broken through the mouth and came near strangling my patient. On looking into the mouth it was found full of greenish white pus of the most intensely fetid odor. He died July 9.

I have been able to find mention of only two cases where the abscess terminated in this manner, one a fatal case reported by Dr. Russell, and one of recovery reported by Scholz.

In regard to diagnosis and prognosis it may be said that it is impossible to differentiate between suppuration of the brain and tumor, unless we have some of the prominent etiological factors present to suggest the presence of abscess. The prognosis is necessarily grave; the only treatment offering any hope of success being that of surgical interference in the case of traumatic abscess. Statistics furnish little or no satisfaction from this source.

My only treatment in this case was attention to the secretions, and the administration of the bromides for the relief of pain.

In reviewing this case the features of most interest seem to be the great length of time which elapsed between the development of the cause and its final termination in abscess —being about 23 years. Also the inconsistent nature of the symptoms, together with the very unusual manner of the escape of pus from the cranium.

A CASE OF INTRA-THORACIC ANEURISM, WITH SPECIAL COMMENTS ON THE LARYNGEAL PHENOMENA.

BY J. C. MULHALL, M. D.

Physician to Throat Department, St. Louis Medical College Dispensary.

Read before the St. Louis Medical Society, March 29, 1884.

Pat. Rohan, æt. 52 years, drayman, Irish, came August, 1883. Perfect health till summer of 1881, when he began to suffer from pain about the neck and shoulders, which, with intermissions, has ever since persisted. In June, 1882, there occurred suddenly a weakness in all his limbs, a "blindness before the eyes." He was delirious a week, then found his right side feeble, the right leg and arm felt ice cold. In three weeks he had recovered the use of his limbs, but the cold feeling of the right limbs persists to-date. Six

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months ago he began to suffer from a dry, harsh, teasing cough, his voice acquired a new tone, his breathing became labored, varied at times by violent suffocative attacks.

Patient has a good family history, is a non-syphilitic, has been a steady drinker of spirits, is of excitable temperament, and was often subjected to violent muscular strain, not however, within the last five years.

He has a yellowish pale, anxious face, is well nourished, and declares his only trouble to be the "grip on his chest." He carries his head down on his chest, lifting only the eyes to address one (a sign of some moment, since Prof. Gerhardt, of Wurzburg, has pointed out that, whilst such a position aggravates laryngeal dyspnea, it affords some relief in tracheal dyspnea).

Pupils are normal, the veins over the right chest and arm somewhat turgid, the right external jugular is dilated to the size of the little finger, and a pulsatile, throbbing diffuse enlargement is seen at the right sterno-clavicular articulation, which is not distensile. The radial pulses seem equal and normal, but a remarkable difference exists in the common carotids, for whilst the right seems doubled as to size aud pulsation, the left cannot be found. Just beneath the right sterno-clavicular articulation circumscribed modified dullness exists, the resonance over the remaining chest being normal, as well as the auscultatory signs referable to the lungs, except that respiration is generally somewhat prolonged. In the aortic area the first sound is soft and breezy, the second is entirely replaced by a distinct and well marked murmur. As the apex is approached a systolic bruit is developed, which has its maximum of intensity there, being well conducted into the axilla and heard behind. In the pulmonary area the first sound is hardly distinguishable, the second is markedly accentuated, but masked by the aortic diastolic murmur. Nothing abnormal in the tri-cuspid area. The apex beat is diffuse, feeble and cannot be located. His voice is at times normal, again hoarse, shrill, hard and metallic, the latter quality being better marked in his cough, which is short and frequent, and followed by scanty, white viscid mucus. Dyspnea is continuous and expiratory, aggravated by the recumbent attitude, and, as his wife informs me, he often awakes at night with a suffocative attack, during which his face becomes blue, aud inspiration is accompanied by stridor.

The larynx, which I often examined, presented frequently, at first, a picture of muscular in-co-ordination, a veritable insanity of purpose; the cords at times refusing to separate during attempted deep inspiration; at other times during quiet respiration, the cords, instead of maintaining the respiratory attitude, performed every manner of irregular movement, now being suddenly adducted, now refusing to phonate, now fixed and steady, now fluttering and trembling, the movements being, however, generally symmetrical. A simple papilloma, of the size of a pea, existed, attached to the upper surface of the left cord, whose small size and situation formed no factor in the scene.

Two months afterwards dyspnea was worse, but there were fewer laryngeal crises. The right cord now abducts with a hesitating lagging motion, its glottic edge is straight. Paresis, rather than spasm, predominates. The voice and cough are of lower pitch and softer quality. Lancinating pains about right nipple; temperatnre 101°, signs of pleuro-pneumonia about the lower third, with those of bronchitis of upper two-thirds; pus, mixed with frothy sputa, sometimes rust-colored, expectorated.

In the following month the dyspnea was still worse, œdema of right arm and right face and lower limbs; the voice of lower pitch, not so jarring or harsh. The right cord lies motionless in the middle line during any inspiratory stimulus; paralysis exists, spasm no longer occurs. Shortly afterwards he was found dead upright in his chair.

Post-mortem I found the abdominal organs healthy, the stomach distended by gas. The base of right lung rather firmly adherent, its lower third carnified, its upper two-thirds the seat of purulent bronchitis; the left lung normal. The heart somewhat enlarged, empty and firmly contracted, its structure normal. The mitral orifice admits four fingers easily. The aortic valves incompetent, and their bases calcified; the tri-cuspid and pulmonary valves normal. The aorta, the seat of chronic endorteritis, is largely dilated and lined with plates and spiculæ of calcareous matter. A saccular aneurism presses directly against the trachea, to which it is adherent; another, from the superior aspect of the transverse arch presses with its left wall against the common carotid, the lumen of which vessel is completely obliterated. Another aneurism involves the innominate, implicating the mouths of subclavian and carotid, and pressing firmly against the pneumogastric and recurrent, whose fibres are not, however, completely degenerated. The aortic bulgings were of pigeons-egg size, the innominate of hen's-egg size. The right crico-arytenoideus pasticus muscle exhibits commencing atrophy, a small papilloma is attached to the left vocal cord.

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The dyspnœa in this case was therefore composed of four permanent elements; namely: the valvular insufficiency, the tracheal stenosis from direct aneurismal pressure, the lung degeneration from vagus pressure,and the laryngeal paralysis from recurrent nerve pressure; and of two temporary elements, the laryngeal spasm from vagus pressure and that produced by a bolus of food as it passed the point where the trachea was pressed against the gullet. It is evident that the œdema of the right arm and face, the turgid external jugular brachial and superficial thoracic veins result by pressure on the right vena innominata, that the lung degeneration was the result of pressure on the trunk of the vagus, that the pulsating tumor at the root of the neck was composed of two elements; namely, the dilatation of the common carotid, and added to its own impulse, that communicated from the innominate aneurism, The ice cold feeling of his right leg and to a less degree of the right arm, dating from the pseudo paralytic attack two years back, was no doubt due to the impoverished left hemisphere, resulting from the closure of the left common carotid, for which latter fact I am unable to account unless it resulted from the pressure of the saccular aneurism arising near it.

One method of the production of an aortic diastolic murmur is explained here. At the first stage of aortic dilatation from its increased capacity a larger volume of blood form the reflex current, and as the valves are still elastic, a very much accentuated second sound is heard, so frequent in aortic aneurism; as the dilatation however proceeds, and implicates the aortic origin, the valves can no longer approximate, and, if in addition, as in these cases, the bases of the valves become calcified it is easy to understand how a murmur may completely replace the formerly accentuated second sound.

Before speaking in detail of the larynx it may be as well to give a classification of the motor neuroses of the larynx.

They may be divided into the paralytic and spasmodic. Each of these may be divided into respiratory and phonetic. Respiratory paralysis affects the respiration—the abductors are powerless, the cords lie in the median line and necessarily the dyspnœa is great; the voice is unaffected. Phonetic paralysis affects the voice; the adductors are powerless; breathing is easy but aphonia exists.

Both phonetic and respiratory paralysis may co-exist. Both abductors and adductors are paralyzed; aphonia exists, dyspnœa results from any physical exertion.

Respiratory spasm and phonetic spasm both affect the adductors, but whilst in the former, the glottic spasm occurs during quiet respiration and is not caused by phonetic effort, in the latter it only occurs when the patient attempts to speak and ceases with the phonetic effort; this condition being the one first described by Schnitzler and called by him aphonia spastica.

These include the vast majority of motor neuroses of the larynx. I will mention the exceptions of which I know. A few cases have been described as chorea laryngis; they are characterized by paresis of the adductors or, rather spasm of the abductors. The patient cannot hold a note long, very few words can be spoken uninterruptedly, the voice is exhausted in a moment. Again, Nothnagel has described a case where not only aphonia spastica existed, but where every voluntary effort in which for the cords adduct, resulted in glottic spasm—such as, for instance, the effort to extinguish a candle. Praentzel has reported a case, where with paralysis of the adductors, a constant spasm of the abductors was present. The patient was not only aphonic absolutely with every effort, but even the cough was without any tone; an unique case. He reports another case occurring after diphtheria of perverse action of the cords, where with inspiration the cords come together and with respiration they separated. This neurosis is often seen in hysterical subjects, especially when laboring under excitement at a first laryngiscopic examination.

Mackenzie calls attention to the fact that if, in these cases, we allow the mirror to remain quietly in the throat, the cords soon assume their normal function. Simon stated that this may become chronic in hysterical women. Bregél reports a curious case in a young woman. The cords separated normally during inspiration, but before its close, came violently together, and stridor ensued. At the beginning of expiration they again separated, but before its close, again came together, with an expiratory noise. This succession of inspiratory and expiratory events accompanying every respiration. The case was chronic and came on after long inflammation.

I remember a man who came under my observation whilst serving at a throat clinic in London, for relief from intermittent attacks of dyspnœa, and dysphonia. After a few examinations I became interested. With a clamp, I attached the shank of a mirror in laryngoscopic position to his teeth and often watched the behavior of the larynx for fifteen

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minutes at a time. At times during quiet respiration the cords would suddenly adduct, flutter and tremble awhile and then return to the respiratory attitude. Again his left cord would during inspiration and expiration remain fixed on the median line, but only temporarily, for it would after a few seconds abduct, slowly and unwillingly, this action of the left cord being better marked after phonation. There was therefore, here intermittent respiratory paralysis of the left cord, a struggle between the abductor and adductor, in which the former had begun to yield. As no chest lesion could be found, and the larynx was otherwise healthy,I bethought me of some minute central lesion and reported the case to Dr. Ferrier (of cerebral function localization fame), who told me that he did not doubt of the existence of a laryngeal centre apart from the general motor respiratory centre, but that experiment had not yet localized it. My surmise was incorrect, for events proved that left vagus and recurrent nerve pressure caused the signs. In the course of time complete abductor paralysis of the left cord ensued and a thoracic aneurism was easy to diagnose. In the present case the train of laryngeal signs was about the same. In both cases a perverse action of the cords was the initial feature, and I wish to attract attention, therefore, to the fact, that such a picture might be the initial laryngeal phenomena of intra-thoracic aneurism.

We may picture in the case I report the innominate aneurism to have grown large enough to barely escape pressure with the vagus, but yet close enough to touch it under any undue cardiac impulse, and laryngeal spasm resulted. It grew large enough to press lightly, though steadily, and paresis of the corresponding cord ensued; it grew larger, the pressure was stronger, the abductor filaments of the recurrent could no longer act, and paralysis of abduction occurred, but the abductor filaments still preserved their integrity, and the cord was found in the middle line, the phonetic attitude, as to the laryngeal condition, which of all others is usually found in aneurism.

The crico arytenoideus posticus is alone affected, usually. The voice is often normal, the laryngeal dyspnœa but slight and only decidedly manifest on unusual exertion. The next most frequent lesion found is that in which there is complete paralysis of one cord. It lies in the cadaveric attitude, its glottic edge is concave, or the thyro-arytenoid is not yet involved, and the tension is good; its glottic edge is straight. Again the voice may be normal,for the opposite abductor may compensate and carry its cord across the median line to meet its helpless fellow. There is no laryngeal dyspnœa. I may state that in these two classes of cases the left cord is the sufferer in 90 per cent. of cases, as anatomically speaking we might expect. Since in these cases there may be neither audible or subjective signs to indicate a laryngeal lesion, a laryngoscopic examination should be as much a matter of routine work as auscultation or percussion. In a third group of cases both abductors are paralyzed; the cords are found in the respiratory attitude, aphonia exists, there is no laryngeal dyspnœa, cough may be toneless. In a fourth group both abductors are paralyzed, the cords lie approximated,laryngeal dyspnœa is great, the voice is about normal, tracheotomy is usually indicated. In a fifth group every laryngeal muscle may be paralyzed, which is under the influence of the recurrents. I know of no such case in literature, but the condition is easily possible- There would be no laryngeal dyspnœa; complete aphonia would exist; cough even would be toneless.

It does not follow; indeed it may be said to be the rule as far as spasm is concerned, that because both sides of the larynx are involved, that both recurrents are pressed on. Many cases are recorded where with bilateral laryngeal neuroses,spasmodic or paralytic,one recurrent has been found, post mortem, absolutely uninvolved. In such cases there must be pressure on one vagus, if it be true as we are taught that the recurrent is exclusively a motor nerve, the truth of which I doubt. It is easy to explain spasm on the healthy side. Longet has shown from experiment that excito motor nerve force from the action of efferent nerve currents, is capable of exciting not only the efferent nerves connected with this cell, but other cells of the same order, which may in turn become the repositories of excito motor force, and may excite the efferent nerves connected with them, and Milne Edwards,aided by the experiments of Pfluger and Cayrade, teaches that when irritation is feeble only those efferent nerves are excited, which are on the same side as the irritation, but if more excito motor force be developed in the cell, that the current may cross over to the other side of the cord, and the corresponding muscles be agitated. It is less easy to explain paralysis on the healthy side. Dr. George Johnson, of London, explains this by calling it a reflex paralysis. I know of no experiment proving that excito motor loss may thus be transferred from one side of the cord or brain to the other, as in the case of excito motor force, without central disease. It is but idle to theorize.

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A few words with regard to the vox anserinæ and metallic cough, so frequent in these cases.

In explanation we may exclude the sound boards of the voice, the tracheal, pharyngeal, nasal and oral cavities, since in the cases in question these cavities are normal. We may also exclude the lungs, since the force of the respiratory blast, in conformity with a physical law, determines only the number of vibrations in the larynx, and therefore only the pitch of the voice. We must seek in the larynx itself that which determines the quality or timbre of the voice. A musical sound results from a regular succession of sonorous waves, noise from an irregular succession. Clinically speaking we may say that every normal larynx emits musical sounds, every diseased one, noise. It must be remembered that two reeds vibrate in the larynx, and if a musical sound is to result, that they must vibrate in unison, both as to the fundamental note and overtones. If there be unequal tension of the two cords an irregular intermingling of wave pulses must result, and consequent want of harmony. In these cases the larynx, apart from the neurosis, is healthy. Is then this peculiar voice, or what I think is simply its higher pitch, the metallic cough, the result of spasm or paralysis? In the case I report the voice was characteristic rather of increased tension of the spasmodic stage,than of relaxation, and corresponded to the earlier stage of the aneurism. I have more frequently noticed this voice, however, when paralysis of abduction and tension of one cord existed,the other cord acting normally. At most it can only be said that this voice and cough are the results of unequal vocal cord tension, and they are neither diagnostic of any one laryngeal condition, nor of the stage of the aneurism. It is most frequently characteristic of aneurism,for of all causes which irritate or paralyze the recurrent nerve, aneurism is the most frequent.

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SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

[CONTINUED FROM LAST WEEK.]

DR. HURT.—One would hazard something of his own reputation, perhaps, and stand a chance of misleading a professional brother by proposing a treatment in a case of this kind, although a quite accurate and detailed report of the case has been given. I should think, however, that what is wanted in that case is some line of treatment that would stimulate nutrition and restore the nutritive processes as rapidly as possible. If there are any medicinal virtues in the phosphates they may be of use in this case; something that would stimulate the process of assimilation. Primary digestion is reported to be fair. I do not know whether the bowels are constipated or not.

DR. MOORE.—There is still a tendency to constipation, and always has been.

DR. HURT.—Cod liver oil, preparation of maltine, beef extracts, a little strychnine possibly, and iron of the most digestible quality would be the treatment I would suggest. The fact of the arrest of the menstrual molimen is simply a symptom. The uterus is there,the ovaries are there and ready to secrete when anything is to be secreted, but the arrest of nutrition and assimilation will account for this amenorrhea in my opinion, and when the preparation of iron, quinine and the phosphates—the more readily assimilable qualities of food—are had recourse to,the probabilities are that menstruation will return, and that no special stimulation of the uterus would do any good probably in this case,and if a forced return of menstruation were attempted, it would do more harm than good possibly. The return of the menstrual secretion would debilitate the patient, who is now in a condition in which she is not able to sustain a loss of that kind.

DR. ATWOOD.—I dislike very much to say anything in connection with this case, but it is exceedingly interesting,and perhaps what I shall say will elicit the views of those who are more experienced and better observers than myself. It struck me while the case was

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being detailed as one in which there is probably a primary lesion existing in subacute inflammation somewhere near the base of the brain. There must have been some exaltation of temperature, and the doctor probably did not see the case at the stage to which I refer. I think the fact that there was a pouring out of puriform matter through the external ear indicates the source of the trouble as being in or near the brain. If we could discover the source of the pus it would be a very interesting thing and I think would have a direct bearing upon the case. It may have penetrated the bony structures at the region of the middle ear and made its exit through the meatus auditorius externus. There must have been inflammation producing this pus, and it occurs to me that this inflammation is the cause of the disturbance in this case; there is by reflex action a disturbance of the motor tracts. The chorea was probably dependent upon organic trouble,and not as in most cases simply from functional disturbance of the nervous system. If the theory suggested be correct, we would have ample reason for the disturbance. I presume if a post-mortem is held in this case there will be found a sac of pus at the base of the brain in the neighborhood of the medulla, whereby choreic symptoms were engendered, and that as the result of that condition this disturbance of the intellection is present.

Dr. Watkins.—In regard to remedies and the treatment to be adopted in cases of this kind, should there be an abscess formed as has been suggested at the base of the brain, I do not think they would do much good. While I have faith in therapeutics, yet in a case of that kind I should certainly feel more like dispensing with physic, especially in a patient of her age, and I think that a change of surroundings, a change of scenery and country air would do more towards stimulating her to health again than all the drugs, the phosphates and strychnine that could be given. Perfect rest in a case of that kind, free from all mental anxiety and disturbing elements, with country air, perhaps travel, would do more towards restoring her than any other measure that could be adopted.

Dr. Pollak.—A few months ago I reported a case of chorea in the shape of audible sigh; the patient was called the sighing beauty by the papers; it was a plain case of chorea. The plan of treatment in that case was just opposite to what has been suggested in this case. The treatment of this case was by the use of bromide of soda and ergot. She has been taking that ever since in pretty large doses and is improving. She is not anæmic.

Dr. Williams.—There certainly can not by any possibility be any connection between the discharge from the ear and the cerebral cavity. The pus certainly came from the drum cavity. Some months ago I examined a young lady from Kansas who was about eighteen years old. She became suddenly affected with a well-marked case of acute inflammation of the meninges of the brain; in the course of a short time she became totally blind. On examination I found that both optic nerves were acutely inflamed. She has remained totally blind ever since and is now hopelessly so. In connection with the brain disease she ceased to menstruate, and has not since menstruated —now six months. Her head was extremely painful for a few weeks,but that has subsided entirely. She does not menstruate, and there is no evidence of any tendency in that direction, although her general health seems to be perfect. In my opinion absence of menstruation in her case is the result of the want of proper nervous influence. The head affection has probably in some way affected the nerves which control the action of the uterus and prevented menstruation. It is probable that the absence of menstruation in the doctor's case is owing to the want of proper nervous influence as in this case. It may be that Dr. Moore's patient had some sort of head disease, exactly what it is very difficult to say, but certainly the pus coming from the ear had no connection whatever with the cranial cavity. It would be impossible for matter in the cranial cavity to get out of the cavity without making a perforation of the bone, and this could not take place so suddenly and subside so promptly.

Dr. Atwood.—The doctor is so far mistaken that cases are reported in which patients were treated for months for dyspepsia, and afterwards the whole trouble was found to originate in a sac of pus in the brain, which had never been suspected. It is not known how long that pus may have been in the vicinity of the middle ear. For some time the girl had been dull. I think that in all probability the trouble originated in an organic disease at the base of the brain, and that the pus discharged came from that sac, and that the effect upon the motor tract of the brain caused the choreic symptoms in connection with the disturbance of intellection. I think if a post mortem is obtained I will be found to be correct. I am not an aurist, but I am satisfied that there are a number of cases in the literature of this subject in which it has been discovered that a communication can be established through the osseous tissue in the vicinity of the ear and its cavities, accompanied by a

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discharge therefrom. I maintain that the symptoms in this case point to an organic trouble in or near the brain. Of course you can have hysterical phenomena with a sound brain,but a sound brain is absolutely essential to a sound mind; where there is persistent and long continued disturbance of intellection there is very apt to be some organic change in the brain.

Dr. Moore.—The matter was fetid and lasted only a few hours. I could not find any trace of the pus the following day, nor any fetor or return of pus.

Dr. Mudd.—It seems to me impossible that such a discharge from the ear came from the base of the brain. The case presented by Dr. Moore seems to me clearly one of choreic disturbance; what the source of the disturbance is, is doubtful. It is not an unusual thing to have an inflammation or disturbance of the middle ear, that gives but little pain and yet results in a discharge of pus from the ear that may be more or less free, and the patient may be going about attending to ordinary avocations, but that there should be a suppurative inflammation at the base of the brain, and that the pus should work its way out through the bones and not produce disturbauce enough to keep the child at home until a few days before the discharge occurred, is something I can hardly conceive to be possible. It is true, we do have inflammations of the brain substance that are very obscure and those that are obscure in their symptoms, and which go on without any symptoms to a suppuration; there are cases of abscesses in portions of the cerebrum which have existed without any symptoms at all during life, but to have an abscess or suppurative inflammation of the base of the brain, about the medulla, that would perforate the bones of the skull, slowly eat through the dense, firm, hard lamina of the skull, is something of which I have never heard, nor do I think it possible. Can the doctor say or determine that we have inflammation and abscesses at the base of the brain—the medulla, as he particularizes, and yet have those symptoms localized to one side, and have only motions of the hands and arms? Now we may have a portion of the motor tract affected and have disturbed action only on one side of the body, but that motor tract is not then in the medulla. If we have a disturbance so low in the tract of the chord which passes from the cerebrum to the cerebellum, or so low as is situated the medulla itself, we do not have, or rarely have, those symptoms localized upon one side. Now we might have a disturbance of the radiating fibres in the cerebrum or motor tract, and yet have only some one function disturbed or some one muscle or group of muscles disturbed, but if the disturbance occurred in that part of the tract where the fibres are blended and passed so closely together as they do in the medulla, we would certainly, it seems to me, have more disturbance than we have had in this case. The assumption that this trouble resulted from an abscess of the brain is not certain by any means. The details of the case, as related by Dr. Moore, point, so far as I can see, only to such disturbance as we not infrequently see in girls of this age with almost no organic change, so far as we can determine; it is simply a disturbance of functions.

Dr. Atwood.—I was trying to account for the fact that there was not only lesion of motion but lesion of intellection. I am inclined to believe with Dr. Mudd that my reasons would be very far fetched if there was not also disturbance of mental action. The choreic movements could be very easily accounted for if we supposed that there was an irritation of the external ear or any other portion of the body by which reflex action might produce the condition of affairs presented; but in this case there are also mental symptoms to be accounted for. The symptoms might depend upon disturbance in the vicinity of the medulla. I call to mind a case of softening of the brain in which there were violent epileptic seizures the result of disturbance of digestion, depending upon the involvement of the origin of the pneumogastric nerves. Upon taking ingesta which were indigestible the epileptic seizure would come on, and when the indigestible substance was removed from the stomach there was a subsidence of the epilepsy.

Dr. Mudd.—If I understood Dr. Moore correctly the only evidence of mental alienation was the appearance of this irritability, and the outbursts of temper toward those about her.

Dr. Moore.—There is an incapacity for study.

Dr. Mudd.—Well, such evidences as these are the usual accompaniment of this nervous condition. You very seldom find such a patient who is not irritable, and easily irritated at trifling things, ready to cry or laugh or scold, and all these symptoms come without any lesion of the cerebral substance, without any permanent disability as a rule. That some disability may not supervene in this case is more than I presume to say.

Dr. Atwood.—If I remember correctly Dr. Moore insisted that there was considerable disturbance of intellection, which is persistent and still remains; that this trouble

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gave some anxiety as to what the result may be, and he asked for an expression of opinion upon that point.

DR. MOORE.—That is correct. The first feature that presented itself in the case was the incapacity of the child to study; this was before the choreic movements began. There is very decided mental disturbance. I inquired about her mental capacity before this attack and they reported that it was good, that she had been as bright as the ordinary school-girl and kept pace with her class very well.

DR. BREMER.—Mr. President, The pathological anatomy of chorea is as yet shrouded in mystery; we only know that in choreic patients there is disturbance of the great central ganglia of the brain and so-called phycho-motor centres. Now these phycho-motor centres are situated in the upper part of the large hemispheres of the brain. The conclusion to be drawn from this is that suppuration at the base of the brain, if it does not exist, would not be productive of chorea. Judging from the short duration of the discharge, aside from other considerations, I would say that there was only catarrh of the inner ear and nothing more. But there is another point of interest attaching to this catarrh of the inner ear. The doctor told us that this was a child of phthisical parentage; we very frequently find scrofulous catarrh developing in a child of phthisical parents just exactly at that period of evolution through which the body passes at puberty, although I do not believe that there is a relation between this scrofulous catarrh, and the development of the chorea as to cause and effect, I still believe that there is a relation between these two phenomena as to the ultimate cause, and that is the inherent predisposition. We know that the offspring of phthisical parentage are especially liable to all kinds of nervous diseases and it seems to me that we have to go back to this, and not only to the catarrh of the ear, which is merely an incident — an epiphenomenon. As to the treatment, I believe those gentlemen are right who recommend the invigorating plan of treatment. A specific treatment by arsenic or electricity would be of little benefit, as also iron and cod liver oil. There is another thing which I should like to mention in regard to the cough. I do not believe that the cough can be attributed to the chorea. I believe it is rather an hysterical disturbance. Hysteria is closely related to chorea. We frequently find that hysteria is complicated with cough, and especially a cough coming on at regular periods. Hysteria is essentially a periodic disease. There is a mystery connected with this cough. Now, if this was a complication, which I think it is, although I am ready to admit that I may be mistaken—if this is a complication of hysteria, with chorea, then there is but one remedy for the patient and that is separation from the family. No case of well marked hysteria complicated with chorea will get well—at least the chances are against a recovery, without the removal from the family. Unfortunately, in this part of the country, so far as I know, we have no institution for the treatment of these patients, no sanitarium for that class.

March 29, 1884.

DR. MULHALL.—I have a little girl here, a typical case of Hutchinson's teeth. She came to the Dispensary for nasal catarrh; I did not suspect anything, because she has not had the face nor the head symptoms, nor the depression of the bridge of the nose and she is rather well-developed generally. On examining the posterior nares, I saw the teeth and I am such a firm believer in the Hutchinson teeth that I at once instituted inquiry and obtained a perfect history of congenital trouble. The mother had three or four miscarriages before this child was born and it had anal condylomata, synovitis, various skin eruptions and was an unhealthy child; the father remarked that she had no hair on her head until she was two years old. I brought the case here because there seems to be much conflict of opinion in regard to the exact conformation of the teeth; many observers deny they are diagnostic of congenital syphilis. Mr. Hutchinson tells us that the upper incisors of the permanent teeth only are diagnostic. He regards the character of the milk teeth as having no significance whatever. Although this child had nasal catarrh since infancy I detect no peculiarity about the nose to indicate that it is syphilitic.

DR. RUMBOLD.—I would like to ask the older members of the society if they have not noticed that children who have been sick for a long time during infancy had peculiarities about their teeth, that is, an arrest of development of the teeth as a result of that sickness?

The teeth are not always the same shape as these, but there are deviations from the healthy tooth; there may be a notch in the teeth or a horizontal groove which occurred, I think, at the time when the sickness affected the child's nutrition; it might occur even before the milk teeth were exposed to view. I know I have seen such cases. Now this depraved condition may not be due to syphilis

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in all cases; it may be due to a weakened condition of the system, from various ailments at the time when the child is only a few weeks or a few months old, and lasting for a considerable period; and because of the lowered condition of the system the permanent teeth are affected in their nutrition and growth.

Dr. Dickinson.—This condition has been so often observed, that it must now be considered as pathognomonic of this complication of congenital and consequently of hereditary syphilis. Not only are the teeth deformed but it has also been observed that the arch of the roof of the mouth is also; instead of the broad, circular uniform curve, it has more of the gothic arch, and seems elevated; this fact has been brought before the society within the last two years. This gives corroboration to the statement that the "iniquities of the father are visited upon the children even" —to more than the next generation.

Dr. Mulhall.—It does not go beyond the second.

Dr. Dickinson.—Who can tell? There is also an affection of the cornea which is termed interstitial keratitis which may occur at any time within fifteen or more years after the birth of the child. I have reported within a few years two cases of that kind, both of them being girls; one was 12 years old and the other 13; both presented this phenomenon; both had been exempt from disease during this entire period; so that this may occur at any time.

Dr. Rumbold.—Are notched teeth absolutely and implicitly pathognomic of syphilis?

Dr. Dean.–In all animals having horns,hair, hoofs, nails, claws, feathers, teeth, etc., belonging in origin or development in whole or in part to the epidermic system, the effects of disease, as mentioned by Dr. Rumbold, may often be seen. In congenital syphilis in man the cornea and teeth may also be affected, and they, also, have their origin in part, from the epidermic layer.

Dr. Mulhall.—Neither Dr. Dean nor Dr. Rumbold stated definitely whether these other lesions of nutrition produced teeth which corresponded exactly to those that are described by Hutchinson.

Dr. Dean.—I do not mean to be understood as speaking to that point. I merely desired to mention the fact that syphilis produced its effect upon those organs which have in part a common origin.

Dr. Post.—The subject of the character of the teeth is one which every oculist studies carefully. Dr. Mulhall's case is a beautiful illustration of Hutchinson's teeth. He also draws attention that the test teeth are the upper central incisors; and one might infer, that this characteristic mark was limited to those teeth, but we find in this case presented there is a notching of the tooth in one of the upper incisors. There was a time when various alterations in form were taken as being the syphilitic teeth, but now the transverse notch as in this case, is the syphilitic notch, par excellence. I have seen cases of interstitial keratitis where I found these notched teeth not being the central incisors, but still, although the central incisors were not affected, I did not hesitate to make my diagnosis of a specific interstitial keratitis. With regard to other lesions of the teeth, it is not very uncommon to find transverse ridges on the teeth, and these occur in cases where there is no reason to suspect any syphilitic taint. I have one or two cases in my mind where there has never been any other indication of syphilitic trouble, and where there is no reason to suspect anything; there is very marked variation from the normal form of tooth. I do not know that there is a satisfactory explanation of why inherited syphilis will produce transverse notching of the teeth.

Dr. Adolphus Green.—I would like to ask a practical question in connection with this patient. Can there still be syphilitic poison in her system? If no other phenomena of syphilis manifest themselves, can we infer, from such typical teeth, that the poison is still lurking in the system and may appear at some time, or has it nothing to do with it? A lady presents such teeth, and a young man asks: "Doctor, would you advise me to marry that lady; is there any syphilitic taint in her system, or is it a sequela of the former disease or some want of nutrition?"

Dr. Mulhall.—I believe the general verdict of syphilographers is that the disease does not extend beyond the second generation; that we have no reason to apprehend that the third generation will be affected.

Dr. Hurt.—As to the possibility of the virus, the evidence of whose activity is seen in this formation of the teeth, being still prevalent or not in the system would depend upon circumstances. The disease may be cured, but the effect of the disease upon the teeth could not be removed by the treatment necessary to the removal of the virus; therefore safety of marrying could not receive a definite answer, unless the physician could be fully satisfied that treatment had been resorted to successfully. Hereditary syphilis is sometimes very insidious, and it is very

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difficult to reach the evidences of the fact that there is syphilitic taint. I am not fully satisfied that these peculiar marks upon the teeth are invariably present in cases of hereditary syphilis. I have an idea that they may be present, and, when present, that they are pathognomonic, possibly; but whether they are absolutely present or not, has been a matter of doubt in my mind. I have had a lady under observation for the last eight years, who is the mother of ten children, only two of whom are living, three having perished under my own observation, either in utero or soon after birth, and from the history of former pregnancies and the loss of her children, and from the appearance of the patient, I concluded there must be a syphilitic taint either in the father or mother, or both. I approached the the husband, and he denied it, as also did the wife. After investigating the history of the two as thoroughly as I could, I concluded that syphilis could have existed in the family, and especially in the wife, and that she must have inherited it from one or the other of her parents. At the premature birth of one of the children, the cause assigned was apoplexy of the placenta, and the cause of the apoplexy, in my opinion, was a syphilitic condylomatous condition of the placenta. I sent a specimen of the placenta to a microscopist, and he was quite positive that it was syphilitic. I put the parents on a course of antisyphilitic treatment, but it was very difficult to keep it up, and the result was only partially successful, notwithstanding the last child, born a year ago, is living and healthy.

Dr. Bremer.—I believe that the main part of the question has been overlooked. It may be formulated in this way: Are these notched teeth absolutely and invariably pathognomonic of hereditary syphilis? That question has been put implicitly by Dr. Rumbold. The second question is: What is the ratio of notched teeth occurring in undoubted cases of syphilis? Now, as to the first, I am firmly convinced there are conditions capable of producing teeth, I do not say exactly like this, but very closely resembling them. I have in mind several cases that had been treated in youth with large doses of calomel for convulsions, and when I saw them—I remember one in a young girl of 13 years. I thought I had before me a true case of Hutchinson's teeth. I examined the case carefully, but all the evidence that I could elicit was contrary to syphilitic antecedents. I afterward paid some attention to this matter, and have found there are families in which there is an hereditary predisposition to such a malformation of the teeth. However, I am convinced that the mark is of high pathognomonic value. In regard to the second question as to the ratio of Hutchinson's teeth to the number of cases of syphilis, I would say that there are a great many cases of undoubted congenital syphilis becoming manifest, sometimes at puberty, sometimes at the 25th year, and even as late as the 40th year. Such cases are on record in which there was, in spite of hereditary syphilis, not the slightest deviation from the normal shape of the teeth. But there is another condition of the teeth besides this, and if I understood correctly, Dr. Post spoke about transverse notches on the teeth.

Dr. Post.—I spoke of a notch in the center of the tooth running at right angles with the edge of the tooth. The child exhibited here to-night presented a typical case of transverse notching of the teeth. I afterwards spoke, however, of the transverse ridge of the teeth. By that I mean a ridge running across the face of the incisors; such not being syphilitic marks; the syphilitic notch running at right angles with the edge of the tooth.

Dr. Bremer.—While in Paris, at the Hospital St. Louis, where there are any amount of syphilitic cases, I have seen cases presenting transverse and horizontal notches which were declared by the attending professor to be pathognomonic of syphilis, and which were put side by side with these Hutchinson notches. These teeth have this peculiarity that, whereas, in the upper portion, they were entirely normal and looked just like all the others in color, the lower looking like ivory; it was perfectly white looking; the lower part has that appearance, whereas the upper part looks very yellowish eburnated in appearance, with the enamel all over them. I do not believe that anything has been published as yet about this matter, because at that time the discovery had just been made. This was about half a year ago.

Dr. Mulhall.—I have seen cases exactly resembling this in such children as have suffered from congenital syphilis.

Dr. Bremer.—I have also seen children that have been sick in childhood and had been treated with large doses of calomel, and in which I knew they had given large doses for convulsions, and I have ascribed the malformation in those cases to excessive doses of calomel.

Dr. Mulhall.—Mr. Hutchinson makes a very clear distinction between mercurial and syphilitic teeth. Those malformed from the use of mercurials are not the central incisors, they are the first and second molars; he alludes to the fact that the crown of the teeth is hollowed out and the edges dentated—the

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enamel is dentated; in syphilitic cases there is a single transverse notch. I do not think that Mr. Hutchinson has made any statistics as to the very pertinent question propounded by Dr. Bremer as to how many children suffering from congenital syphilis have notched teeth; I do not believe that any one has given statistics upon that point.

DR. BREMER.—The peculiar aspect of these teeth has escaped for a long time the best observers, and they are by no means frequent compared to the number of cases of hereditary syphilis.

[TO BE CONTINUED.]

THE MEDICAL SOCIETY OF THE STATE OF TENNESSEE held its annual meeting at Chattanooga April 8.

The society was called to order by the president, Dr. A. B. Tadlock, of Knoxville. Prayer was offered by the Rev. J. W. Bachman.

The mayor of Chattanooga delivered an address of welcome to the society, on the part of the city, which was responded to by the president of the society. An address was also made on behalf of the local medical society. A lare number of names reported by the committee on credentials was acted upon. The president, Dr. A. B. Tadlock, then delivered the annual address, considering medicine in its relation to the public, and the question of legalized medicine. The doctor spoke in an eloqent and forcible style, being frequently applauded.

The afternoon session was called to order at 2 p. m. A letter and paper were received from Dr. C. E. Ristine, of Knoxville. The paper was entitled, "Excitation of the Clitoris." By motion the president and secretary were instructed to send greeting by telegram to the State Medical Association of Alabama, now in session at Selma, Ala. Dr. Masters, of Knoxville, then read a paper on the Hygiene of the Eye.

The secretary, Dr. C. C. Fite, then read his report, dwelling especially upon the necessity of laws to regulate the practice of medicine in the State of Tennessee. The report was received, and it was moved that a committee be appointed to memorialize the Legislature on the above subject; after a heated debate the motion was carried. The rest of the afternoon was devoted to reports of committees, and in the evening the society attended a pleasant reception at the residence of Dr. Van Deman.

Second Day.—The foilowing papers were read: "A Study of the Vital Statistics of Small-pox in Chattanooga in 1882-'83," by Dr. E. Eaton. "Hot Water Therapeutics," by M. Davis, of Knoxville. "Efforts of Therapeutics," by Dr. H. Berlin, of Chattanooga. Dr. Sinclair, of Nashville, sent a paper, which was read by the secretary. A paper on "Eczema" was read by Dr. E. B. Evans, of Shelbyville, and one on "Scrofula," by Dr. John Blankenship, of Marysville. "Hospital Gangrene" by Dr. Rothnell, of Chattanooga. "Puerperal Fever," by Dr. Swaney, of Castilian Springs. "Diphtheria," by Dr. Vertrees, of Nashville. "Senile Prostratic Disease," by Dr. Hardison, of Lewisburg.

Telegrams were received from the Alabama State Medical Society and from absent members. The courtesy of the floor was extended to visiting physicians.

Afternoon Session.—Papers were read as follows: "Uncomplicated Spinal Shock," by Dr. Baxter, of Chattanooga. "The McDade Treatment of Syphilis," by Dr. Glenn, of Nashville. The papers were discussed by the society. A communication was then received from the State Board of Health on the subject of Vital Statistics. On motion a committee was appointed to memorialize the Legislature on the subject.

The following officers were elected for the ensuing year: Dr. D. D. Sanders, of Memphis, President; Drs. Sweeney, Hope and Read, Vice-Presidents. Dr. C. C. Fite's resignation as secretary was not accepted. Dr. Roberts was elected Treasurer. The afternoon was devoted to visiting points of interest in the city.

Night Session.—The reports of various committees were received. The sum of $50 was subscribed to the Sim monumental fund. The usual votes of thanks were then adopted.

The following committees were appointed by the president:

Delegates to American Medical Association—Drs. Duncan Eve, Nashville; W. F. Glenn, Nashville; C. C. Fite, Nashville; J. B. Lindsley, Nashville; R. A. Hardin, Savannah; W. A. H. Cross, Savannah; J. G. Sinclair, Nashville; G. B. Thornton, Memphis; D. D. Saunders, Memphis; A. J. Swaney, Castalian Springs; R. F. Evans, Shelbyville; W. F. Briggs, Nashville; W. R. Townsend, South Pittsburg; W. M. Vertrees, Nashville; A. B. Tadlock, Knoxville; J. H. VanDeman, Chattanooga; H. H. Berlin, Chattanooga; G. A. Baxter, Chattanooga; W. G. Bogart, Sweetwater; H. H. Loveman, Chattanooga.

Committee of Arrangements—Drs. W. F. Glenn, chairman, Nashville; A. Morrison, I. W. Maddin, I. R. Buist, N. D. Richardson, Nashville.

Committee of Necrology—Drs. Thos. Lipscomb, Shelbyville; Thos. Menees, Nashville; P. D. Sims, Chattanooga; R. W. Mitchell, Memphis; J. M. Boyd, Knoxville.

Committee on Credentials—Drs. J. B. Lindsley, Nashville; G. B. Thornton, Memphis; A. B. Tadlock, Knoxville.

Committee on Business—Drs. V. Gibbs, E. M. Eaton, Chattanooga; S. B. Boyd, Knoxville; F. Bogart, Sweetwater; I. B. Murfree, Murfreesboro.

Committee of Publication—Drs. Deering J. Roberts, T. A. Atchison, C. S. Briggs, Nashville; W. W. Taylor, Memphis; C. C. Fite, Nashville.

The society adjourned to meet on the second Tuesday in April at Nashville.

In the evening the local medical society tendered a banquet to the State society, which was a most enjoyable affair; numerous toasts were responded to, and speeches made.

This meeting was in every respects the most successful one the society has had in many years, and it is to be hoped that the energy displayed at Chattanooga will be imitated by other places where future meetings are held.

THE MEDICAL ASSOCIATION OF THE STATE OF ALABAMA met at Selma April 8.

First Day—April 8.—The association met in annual session, the president, M. H. Jordan, M. D., of Huntsville, in the chair. After the usual address of welcome, by Dr. Frank Tipton, president of the Selma Medical Society, and the reception

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of the eloquent and beautiful message of the president, which was so replete with sound sense and practical ideas of the most valuable character, the association adjourned until 8 p. m., when the annual oration was delivered by Dr. W. H. Sanders, of Mobile, Ala.

Second Day—April 9.—Among the valuable papers read before the association was one entitled, "A Plea for the Unborn Child," by Dr. Charles Whelan, which drew out a spirited discussion. Dr. Baldwin, of Montgomery, submitted the following resolutions, which were adopted:

Resolved, That the members of the Medical Association of Alabama have watched with deep interest the progress of the struggle which for the past two years has been going on in the New York State Medical Society, between the advocates of the ancient and established ethics of the medical profession, as embodied in the Code of Ethics of the American Medical Association, as heretofore recognized and observed by all physicians of reputable standing in all the countries of the civilized world, on the one hand, and on the other hand the advocates of the so-called "New Code," or "New York Code," which in effect proposes to degrade the medical profession by opening the way for professional association with irregulars and charlatans.

Resolved, That all hope of the prevalence of wise and conservative counsels in the New York State Medical Society having been dissipated by its action at its recent session in Albany, no honorable course was left for the adherents of the established ethics except that which they have chosen to pursue, namely, to separate themselves from the demoralizing movement which they were unable to control, and to organize themselves into a new association for the maintainance of the honor and dignity of the profession in their State.

Resolved, That in doing this these gentlemen—Flint, Jr., Gonley, Didama, Squib, Rochester, Flint, Sr., Fox, and their associates, have earned for themselves the thanks of the medical profession of the whole country, and we extend to them our congratulations and fraternal good will, etc.

Third Day—April 10.—Dr. Johnson, appointed leader in the omnibus discussion, introduced many subjects worthy of mention, but for space, which drew out animated discussions that occupied the entire day.

Fourth Day—April 11.—The report of the Board of Censors occupied almost the entire day. The following is one which deserves mention, and was carried:

Resolved, That the Louisville Medical College has been guilty of unethical advertisements, and receives the censure of this association; that the college is not a reputable medical college, and that this association do not recognize its diplomas.

MICROSCOPIC SOCIETY.—As an evidence of reviving interest in microscopy in St. Louis, we note that there was a meeting of physicians interested in the science at the rooms of Dr. Frank L. James on Wednesday evening; the object of the assemblage being the rehabilitation of the old microscopical society or the formation of a new one. The former course was decided upon, and we hope in our next issue to give the details of the reorganization.

ITEMS.

Osmic Acid.—Three drops of a 1 per cent. solution is used daily hypodermically, by Prof. Winiwarter in cancerous and scrofulous swellings.

M. Kauffman has observed that sudorifics will not produce a flow of sweat in localities where chilblain exists. Even pilocarpine will fail to produce the secretion.

A case of diaphragmatic hernia in a man of 42 years was reported to a Berlin society. It was not discovered till after death. Among 290 cases only six have been diagnosed before death.

D. A. Massay says that the treatment by the croton oil cosmetic has given him the most satisfactory results in tinea tonsurans, and is encouraging in tinea favosa and in certain cases of alopecia.

An international Journal of Laryngology is to be published in the German language by Dr. Felix Semon. It will consist entirely of abstracts, and its international character will be rigidly maintained.

Dr. Geo. Henry Fox reports the case of the "alligator boy" being one of congenital ichthyosis, which improved by being thoroughly smeared with cod-liver oil and the internal administration of iodide of iron.

Dr. Et. Guénot reports (Bull. Gén. de Thér.) that he has removed a large crop of warts, occurring on the hands of a patient, by giving daily a ten-grain dose of calcined magnesia in the morning before breakfast.

Chloroform and Oil of Cloves.—Prof. Nussbaum recommends a few drops of oil of cloves to be dropped in the towel or apparatus used for the administration of chloroform in cases where the chloroform is disagreeable.

A case of congenital dislocation of both hips in a girl now eight years old, was exhibited before the Buffalo Medical Club by Dr. H. Mynter. As the child was able to walk, no course of treatment was recommended, but a sedentary habit of life recommended.

Dr. J. S. Jewell has issued a circular to those especially interested in the study of the nervous part of the human organism in the West, in order to ascertain whether or not it is desirable and feasible to form an association in the West for the study of the nervous system.

M. Lucas-Championniere, in a case of pleural fistula of two years duration, with a cavity containing five hundred grammes of pus, recently excised eight to eleven centimetres of the fifth, sixth, seventh, eighth and ninth ribs; the operation was followed by considerable improvement.

In the U. S. Circuit Court in Maryland it was decreed that a perpetual injunction be issued against Louis E. Wetter, and eighteen others, restraining them from imitating the labels of the Rumford Chemical Works, manufacturers of Horsford's Baking Powder, and also from using their old bottles. It was decreed that the Rumford Chemical Works be entitled to receive the profits which have been diverted from it by reason of the infringement, and the defendants were ordered to pay all costs.

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THE WEEKLY MEDICAL REVIEW.

VOL. IX. No. 17. CHICAGO AND ST. LOUIS, APRIL 26, 1884. TERMS: $3 A YEAR.

MEDICAL LIBRARIES.—In speaking, formerly, of the Medical Department of the Public Library in Chicago, we forgot to remind our readers that there exists also in Chicago a collection of books and journals which belongs to a Society known as "The Chicago Medical Press Association." Although we are not authorized to say so, yet we know from personal experience that this library is alway open to any physician wishing to consult it. There is, however, a serious inconvenience associated with it; namely, the hours of attendance of the librarian in charge are confined to a few in the middle of the day. This library is owned by a number of the profession and we feel assured that before long they will unanimously contribute this collection to the nucleus already collected at the Public Library and thus, while they avoid the necessary expense of keeping them in order, they will themselves have access to them, and increase their satisfaction by the assurance that others can also derive a similar benefit with the least possible inconvenience. The library is at present situated on the top floor of 188 S. Clark street.

DANGER OF ARTIFICIAL RESPIRATION DURING A SURGICAL OPERATION—The Vienna correspondent of the Northwestern Lancet, who, by the way, takes a practical view of things as they are in Vienna, reports a very interesting case which occurred in the clinic of Billroth. He, Billroth, undertook the removal of a medium sized goitre from the neck of an otherwise healthy young man, a few days ago. On administering the chloroform mixture which is used at this clinic, (A. C. E. mixture), the patient became very pale, insomuch that the operator remarked upon it. The operation was commenced when the pulse ceased. Artificial respiration was employed and the patient seemed better, and the operation was resumed for a moment, when both respiration and pulse ceased. Despite artificial respiration and galvanism, the patient did not rally. After twenty-five minutes tracheotomy was performed, and direct artificial respiration with a bellows tried, though the operator said he did not expect more from it than from the other proceedures.. After thirty-five minutes faithful work, during which the great surgeon showed not the least agitation or change from his deliberate quiet demeanor, except that the tones of his voice seemed a trifle sadder, he said: "I believe we must give it up. Wash off the body and carry it out." Another patient was brought in, and the operations proceeded as if nothing had happened. We were sure it was a death from chloroform, though after the operations were done Billroth said he did not know what was the cause of death. He was quite sure it was not entrance of air into the veins, as he had carefully ligated all and no gurgling sound had been heard. Next day, however, he reported that the autopsy showed the cause of death to be entrance of air into the veins,right heart being found full of frothy blood and air.

Probably the most reasonable explanation of all the facts in the case is the following: The patient did not act well under the anæsthetic and becoming in danger the operation was stopped to practice artificial respiration some small veins being left open; the energetic handling of the patient, greatly facilitated the sucking in gradually of air until the right heart was filled. Thus in fighting the dread chloroform syncope, the absolutely fatal condition was greatly assisted if not caused.

To many it will seem that it is arrogance

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itself for any one here in the West to suggest anything to these great men, but this is a free country and we can express our astonishment that they are so slow to appreciate the value of ether and its proper administration. Whilst the immediate cause of death is given as the entrance of air into the veins, the probability is that if ether alone had been used there had been no necessity for the artificial respiration, and consequently no admission of air into the veins.

There is another lesson, which we in the West have learned, and which the extensive operators in Germany would probably also learn if they distributed their work more among those who were equally capable and gave themselves more time for reflection; that, if we must use chloroform and get into difficulty the lowering of the head constitutes an important item among the means of restortion and that when the heart has ceased to beat, good hot applications to the region of the heart would theoretically be much more promising than the aimless efforts usually made with the battery.

Trichinosis.—Now that the attention of the Germans has been directed to the question of trichinosis, we are satisfied that the affection will prove to be of much more frequent occurrence in the Fatherland than here in the West, and if Herr Bismarck continues his prohibition the Teutons will have to emigrate in order to eat with impunity the much loved pork of the West.

It appears that on the 15th of September, 1883, in Saxony a hog was killed, on the 18th trichinosis showed itself—on the 28th it was epidemic, on the first of October the first death occurred. Up to the November 11, 361 cases had occurred, with 57 deaths.

The American government is making extensive investigations relative to the existence of trichinosis among the hogs from various quarters. Would that the European governments would do the same, and then call a convention with the determination to follow the counsel of the rough-shod Texan, who standing before the bar, the saloon bar of course, bubbled over and said, "Boys, suppose we all tell our right names,"—suppose we all tell the exact percentage of trichinosed hogs from different regions?

Bacillus Question.—We regret that we cannot complete the article begun in the Nos. 5, 6 and 7 of the Review, by Dr. F. H. Formad, on the Bacillus Tuberculosis. Moreover, it is impossible in an abstract of the article as completed by Dr. F. to do him justice, but as he is preparing a further report to be given to the American Medical Association, we feel assured that, seeing its importance, the whole will be published in book form at an early date. It is absolutely impossible for the practitioner to touch the experiments associated with the question, but he is able to appreciate the evidence advanced, when it is presented first-hand by capable, accurate and unbiased men. These questions are exhibited by Dr. F. and even should he be wrong, the profession will owe him a debt of gratitude for the pertinacity he has displayed in presenting the weaker points of the theory of Koch, which, if accepted, and, at the end of five years, has to be relinquished, would be a disgrace to the profession. Although we cannot give a digest of the article, we think it necessary to present our readers with the question as it is at present, according to Dr. F.'s view of the matter. Before, however, making the quotation, we take the opportunity of correcting an impression in a former article, namely, that bacilli are invariably present in tuberculous products. Dr. F. now says, (Phil. Med, Times).

"I am glad to be in the position to offer in my next communication a new series of observations and experiments on tuberculosis. These experiments, instituted under the auspices of Dr. Pepper, Provost of the University of Pennsylvania, and executed by myself and assistants under all rules of scientific precautions and with full facilities for such work, plainly demonstrate that the etiology of tuberculosis does not rest with Koch's "parasitic" bacillus or any other "contagion."

The experiments referred to will be given

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in full details in a special report now in progress and soon to be published with appropriate illustrations, etc.

"I desire, however, to announce here that my experiments prove that finely-powdered, sterilized glass, ultramarine blue, and other substances are by themselves capable of producing tuberculosis in animals or tissues liable to this affection.

Further, I will offer proof that this effect (tuberculosis) ensues without the intercurrent action of any bacterium. And, finally, that in those instances where miliary nodular eruptions have been induced by the tubercle-bacillus (or substances containing it), the action of the latter is a purely mechanical one, like that of simple irritants.

Further, these experiments show that the only advantage which the bacilli have over other finely divided matter and simple irritants is that the former multiply and thus intensify their action, while mechanical irritants have not this property, and hence must be introduced in large quantities. The more finely divided the matter, the more prompt seems to be its effect, and I believe it is impossible to render any matter more finely divided than the bacilli.

Like others, I also often succeeded in tracing the formation of the tubercle-nodules to the effects of the irritating particulate matter, if the latter were or could be made distinct enough to be seen within the nodes. When ultramarine blue was used for inoculation, granules of the latter substance were seen within the nodes; when bacilli were used to that end, then bacilli could be detected within the nodes. But in either case these primary nodular eruptions, if rapidly formed, do not yet represent tuberculosis, as I will show.

It is generally conceived that a specific infectious disease, such as instanced by variola, syphilis, anthrax, etc., can have only one cause or one poison which will produce that disease and nothing else, and cannot be substituted by anything else.

For tuberculosis this is not true, for we have baciliary and non-baciliary forms of tuberculosis.

It is now no more a question of observation and experimentation, but rather one of interpretation and understanding of the results; for we have seen that the evidence from experiments and microscopial studies is nearly sufficient.

But there are misconceptions. If that only is tuberculosis where the bacillus of Koch is found, or that only which arises from the effects of this bacillus, then Koch's theory of the exclusive pathogenetic properties of the bacillus is correct, and under such a definition tuberculosis has only one cause. But if true tubercles exist and can be produced without the bacillus, which has been shown to be the fact, then Koch's theory cannot be accepted from a pathologico-anatomical stand-point; or else we are obliged to admit two or more kinds of tuberculosis—one due to Koch's parasite, and others to a variety of causes. So far, however, we have no reason, from a pathalogico-anatomical stand-point, to subdivide tuberculosis, and therefore I am of the opinion that Koch's view of the exclusive pathogenetic property of his tubercle-bacillus is decidedly overdrawn and even not warranted by facts. Neither the specific action of Koch's bacillus, nor the specific character of tubercle, nor the contagiousness of phthisis or of any form of tuberculosis, is proved.

Only after a complete harmony of the facts derived from pathologico-anatomical, experimental, and clinical studies in tuberculosis with those revealed by mycology, and not from either of these alone, can we arrive at a settlement of the question of the etiology of tuberculosis.

Further details concerning this question will be incorporated in my report. This will embrace also studies into the onset and the distribution of tuberculous affections.

From the above analysis of the bacillus question and of the etiology of tuberculosis the conclusions follow—

1. That the bacillus of Koch is a valuable diagnostic sign of tubercular disease.

2. That nothing is proved by its discovery for the etiology of tuberculosis.

3. That the too ready acceptance of the

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bacillus doctrine is not justifiable and is likely to do more harm than good.

4. That neither phthisis nor any form of tuberculosis is contagious."

Examining Board Questions.—As the question of the existence of examining boards separate and distinct from the colleges has of late given rise to a good deal of discussion; the questions of boards who may partake of that nature becomes a subject of special interest. We submit a few such questions taken from the late examination of the Illinois State Board of Health, as altogether too indefinite to submit to candidates for the permission to practice medicine. Although we feel like commenting on them, we prefer to let them speak for themselves:

"During what quinquennial period is there the greatest mortality, and to what causes is such mortality due?

"What are the prevalent preventable diseases at each season of the year, and what general precautions against such should be observed?

"What is the most common cause of preventable disease?

"As the chief sanitary authority of a city or town, in case of a threatened pestilence, taking into consideration each of the diseases which have assumed an epidemic form in this country during the last fifty years, what would you do?

"What influence has the geological character of a region upon life and health?

"What relations do the meteorological conditions bear to health?"

Oxalic Acid Poisoning.—A case of poisoning by oxalic acid reported in the proceedings of the Naval Medical Society, vol. 1, No. 5, is of more than usual interest. The amount swallowed is estimated at 4.4 grammes, practically only a drachm. The doctor, a naval officer, was on hand four minutes after it was swallowed; the patient died fifty minutes after taking the poison.

Although it was known that the man had swallowed the oxalic acid solution, we are told that he was removed from the ship-writer's office to the sick-bay, and only after the vomiting had commenced was any effort made to provoke it. In consideration of the efficiency of the naval service, we suppose that there was no chalk in the ship-writer's office, no plaster or lime on the walls, nor any means means whatever of assisting emesis until the sulphate of zinc, of very questionable value, was reached.

The patient was 46 years of age, and a confirmed whiskey drinker, and was possibly, on this account, more susceptible to the influence of oxalic acid. The vomiting soon showed signs of blood and violent purging ensued. Without warning, the heart's action failed, and, notwithstanding the hypodermic use of whiskey, death occurred in the time indicated. The man felt no sensation of pain, and his general behavior and placid countenance testified to the truth of his statements.

Not very much is known about the modus operandi of oxalic acid poisoning, but the question of time in administering lime, in some form, seems to be of very great importance, and the first wall, if nothing better is at hand, should be attacked for furnishing the necessary supply. We must not omit to state that lime-water was given in abundance on the arrival at sick-bay.

The Section of Practice of Medicine of the Amer. Med. Association, will hold meetings on the afternoons of May 6, 7 and 8. The committee has formulated the following programme:

1. Discussion on "A Contribution to the Clinical Study of Epilepsy," will be opened by Professor William Pepper, of Pennsylvania. Dr. Roberts Bartholow, Pa.; Dr. Horatio Wood, Pa.; Dr. J. S. Jewell, Ill.; Dr. James T. Whittaker, Ohio; Dr. O. P. Hooper, Ark.; Dr. Eugene Grissom, N. C.; Dr. James E. Reeves, W. Va.; Dr. T. B. Lester, Kansas; Dr. Joseph P. Logan, Ga.; Dr. W. K. Bowling, Tenn.; Dr. John S. Moore, Mo.; Dr. James F. Hibbard, Ind.; Dr. J. J. Caldwell, Md.; Dr. John A. Murphy, Ohio, and Dr. A. P. Grinnell, Vt., are expected to take part.

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2. A discussion on the "Clinical Study of the Heart Sounds," will be opened by Professor Austin Flint, Sr., of New York. Dr. Edward Janeway, N. Y.; Dr. William Pepper, Pa.; Dr. Frederick C. Shattuck, Mass.; Dr. John H. Bemiss, La.; Dr. James Wilson, Pa.; Dr. Richard McSherry, Md.; Dr. James R,, Leaming, N. Y.; Dr. John S. Lynch, Md., and Dr. A. B. Palmer, Mich., are expected to take part.

3. A discussion on "Tuberculosis" will be opened by Dr. Henry F. Formad, of Pennsylvania. Dr. Austin Flint, Sr., N. Y.; Dr. William Welch, N. Y.; Dr. N. S. Davis, Ill.; Dr. George M. Sternberg, U. S. A.; Dr. R. S. Fitz, Mass.; Dr. Henry O. Marcy, Mass.; Dr. James Tyson, Pa.; Dr. Edward Janeway, N. Y.; Dr. Charles Dennison, Col.; Dr. Henry F. Campbell, Ga.; Dr. W. T. Belfield, Ill.; Dr. Alonzo Garcelon, Me.; Dr. E- O. Shakespeare, Pa.; Dr. G. C. Symthe, Ind.; Dr. Harold C. Ernst, Mass.; Dr. W. E. Geddings, S. C.; Dr. Trail Green, Pa., and Dr. John Lynch, Md., will take part.

The following papers are also promised:

Ayres, S. G., M. D., New Theory and Instrument of Diagnosis; Bartholow, Roberts, M. D., subject to be announced later; Crawford, S. K., M. D., Etiology of Enteric Fever; Duhring, Louis A., M. D., Dermatitis Herpetiformis; Flint, Austin, Jr., M. D., Dietetic Treatment of Diabetis Mellitus; Green, Trail, M. D., The New Officinal Chlorate; Griswold, Caspar, M. D., Irregular Apoplectic Attacks from Other Causes than Hemorrhage and Embolism; Janeway, Edward, M. D., Simulation of Pathognomonic Signs and Symptoms; Jackson, S. K-, M. D., Typhoid Fever; Keyt, A. T., M. D., Retardation of the Pulse in Mitral Insufficiency; Linn, G. A., M. D., Specific Treatment of Diphtheria and Croup; Marcy, Alexander Jr., M. D., Muscular Hypertrophy of the Stomach; Marcy, Henry O., M. D., The Germ-Theory of Disease; Miller, J. P., M. D., Phthisis, its Successful Treatment; Prentiss, D. W., M. D., 1. Importance of Uniformity in the Pharmacopœia. 2. A Plea for Greater Interest in the Pharmacopœia on the part of Physicians; Reed, R. Harvey, M. D., Irritation of the Capsule of Glisson; Schenck, W. L., M. D., Occult Cause of Disease; Tyson, James, M. D., The Milk Treatment of Disease; Welch, Wm. H., M. D., Pathology of Myocarditis; Whittaker, James T., M. D., The Etiology of Pericarditis; Wilson, James, M. D., The Diagnosis of Tumors of the Anterior Mediastinum.

The Relationship Between Scarlatina and Diphtheria, in origin and pathology, has been held by numerous observers to be very intimate. When enquiring last year into an outbreak of diphtheria, Dr. Parsons (British Med. Journal), found that this disorder and scarlatina had existed side by side, and that in some cases one disease appeared to have been contracted from the other. Whether this was due to mutual or common causation, or merely to the difficulty of correctly diagnosing between them, Dr. Parsons hesitates to say. That both diseases did not exist, is beyond question, since some cases were marked by red rash, and followed by desquamation of the skin and renal dropsy, while other cases had no rash, but were followed by paralysis. About November, two cases of what appeared to be scarlet fever occurred in an isolated group of cottages. When they were recovering (the exact date could not be ascertained), a neighbor came to the house to help them with the washing. Shortly afterwards three of the children of this neighbor were taken ill, one on December 23rd, two others at the end of the month; of these latter both died, the cause of death in one case being certified as "scarlatina maligna," in the other as "diphtheria." In April of last year the continued prevalence of these two disorders was again the subject of investigation by Dr. Parsons, who discovered additional instances of one disease being apparently contracted from the other. In some cases the first patient in a family was taken ill with vomiting, sudden accession of fever, red rash, and other symptoms of scarlet fever; but other members of the family, taken ill a few days or a week or two later, suffered from what was pronounced to be diphtheria, having no red rash, but white patches on the throat,

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and in one or two instances subsequent paralysis of the muscles of the pharynx. In other instances the children of neighbors, who had associated together, had had at the same time, some what was called diphtheria, others what was called scarlet fever. One boy, taken ill apparently with diphtheria, having white patches on the throat, after three or four days developed the rash of scarlet fever, which was followed by anasarca, of which he died. On the other hand, in one family in which four members had suffered from scarlet fever in November, two children had diphtheria in January, viz., one who had had scarlet fever in November and one who had escaped; the cases both of scarlet fever and of diphtheria being typical ones.

Further evidence of the concurrence of the two diseases is afforded by Mr. W. H. Power, who has recently been enquiring into the circumstances at Whitstable and Dunmow. At the first place the disease commenced in October, and rapidly extended during the following three months, when scarlatina began to appear. For a time the two diseases were concurrent, and even in particular instances, attacked at one time different members of the same family. But soon the diphtheria began to disappear, while the scarlatina became more prevalent. From the beginning of February 1881 to the end of April, but seven cases of distinct diphtheria were heard of, against some forty in the previous three months and a half, and seemingly by May, diphtheria had wholly disappeared from the town, not to be heard of again. Meanwhile, scarlatina became increasingly fatal; in the quarter ending March it caused nine, and in the June quarter no fewer than fifteen deaths. In the next quarter, that ending September 30th, the scarlatina-epidemic declined, fatal cases numbering three only, and diphtheria began again to appear, two cases of that disease proving fatal. By the end of the year both diseases had well nigh disappeared from the town. After this, nothing more was seen of diphtheria, but with the beginning of 1882, diphtheria began again to increase, and remained more or less prevalent throughout the year. Mr. Power observes that during this outbreak more than one medical man had difficulty in diagnosing between the one and the other disease. Setting aside nondescript minor sore-throat, the etiological relations of which might only be guessed at, there occurred cases of smart throat-illness, associated with distinct skin-rash, and altogether free from faucial false membrane, that at no period of their illness or convalescence betrayed any sort of tendency to peeling of the skin such as usually follows. Upon questions hence arising, Mr. Power refrains from commenting, beyond remarking that there can be no doubt of the main facts as to concurrence of diphtheria and scarlatini, the subsequent dissociation of the disease, and the difficulties of diagnosis.

At Dunmow, there was a curious group of cases presenting a similar concurrence of the two disorders. The group occurred at an isolated farm-house which had been turned into two laborers' dwellings. To one of these dwellings the eldest daughter, who had been away in service, and had there caught scarlet fever, came home convalescent on April 14. All care appeared to have been taken to disinfect her clothes and person before sending her home. Eight days after her arrival, one of her sisters, aged 14, was taken ill on April 22, and died on the 24th of "malignant sore-throat. Next day three more of the family, aged 12, 9 and 3 years, were siezed with the same complaint. One died on the 25th and another on the 26th. The youngest lived a week longer. and appeared to be recovering, but relapsed and died on May 4. In this case in the relapse there was an appearance of petechial blotches on the skin. This death was registered from "diphtheria," and the medical attendant considered that the earlier deaths were from the same disease. A child in the adjoining dwelling, under the same roof, was taken ill with sore-throat on April 24, and developed the rash of scarlet fever about the 30th, followed by desquamation on the chest, legs and arms. Four other children in the same family escaped. A woman, rusiding a quarter of a mile away, who came to assist in nursing the sick children, and laying out the

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dead bodies,was attacked with diphtheria on April 29, and died while sitting in her chair on May 2. It is difficult, Mr. Power observes, to disconnect this string of events from the recent arrival of the convalescent scarlatina patient. Dr. Bond, who as health officer of an immense area, has ample facilities for observations, is convinced of the relationship between the two diseases, of which he gives a remarkable illustration. At the close of 1882 forty children were suddenly smitten by an attack, the precise nature of which it was by no means easy to identify. The only invariable symptom was a more or less congested condition of the throat and tonsils, accompanied in several cases with localized ulcerations, and very rarely with anything like true diphtheric exudation, but with occasional croupy tone of voice. In the absence, in the majority of the cases, of the characteristic symptoms of specific diphtheria, the presence in the district, at no great distance from these cases, of unqestionable scarlatina, the want of any conditions to explain an outbreak of specific diphtheria, and the existence about the same time of similar ambiguous cases of the same kind in other parts of the district, led Dr. Bond to believe that he had to deal with an aberrant and ill-developed form of scarlatina, modified to some extent probably by some obscure local or personal influences. Dr. Bond adds that every year tends to confirm in his mind the belief that though scarlatina generally originates from direct personal infection, and though typical diptheria often has a purely local origin, especially from sewer emanations finding their way into houses, these diseases are due to an infection which in all cases attacks the throat, and which may in passing from one person to another undergo such modifications as will give rise in one case to a characteristic outbreak of scarlatina, in another to an equally characteristic attack of diphtheria, and in a third to a mongrel type of affection which it is difficult to refer dogmatically to either of these diseases, or identify by any other name than bad sore-throat, and which is, in fact, a connecting link between them.

A Spicy Correspondence which appears in the British Medical Journal of April 12th, is worthy of careful perusal. We shall await with interest Mr. Thornton's reply—if he has one to make:

Sir,—In your report of this discussion, Mr. Knowsley Thornton is made to say that "he has just completed two years' ovariotomy at the Samaritan Hospital, seventy-three cases, without a death." At the discussion Mr. Thornton made no such statement, and I have ascertained that he altered the proof of the secretary's correct report, and inserted this misstatement. Had he made it at the Society, I should have immediately pointed out that it was a wholly irrelevant statement, and only went to prove that the mortality in his private practice must have been very heavy, as he excluded it; and as I assume that he uses Listerism in private practice, his argument is wholly fallacious.

The practice of inserting in reports of meetings statements which are afterthoughts is extremely unfair to others who take part in the discussion, and is unjust to the journals in which these reports appear.

I enclose copies of letters which have passed between Mr. Thornton and myself on this matter, and these you are at liberty to publish if you see fit.—I am, etc.

Lawson Tait.

Birmingham, April 9, 1884.

[copies.]

Birmingham, March 27, 1884.

Dear Sir.—It is reported in the British Medical Journal that, during the discussion at the Harveian Society, you stated that you had just completed two years' ovariotomy at the Samaritan Hospital, seventy-three cases, without a death. I cannot remember you making such a statement, nor can others who were present, and of whom I have asked the question. Will you kindly tell me if this is a mistake of the reporter? If so, it is a statement which must be corrected, if not it must be replied to. Yours truly,

Lawson Tait.

J. Knowsley, Thornton, Esq.

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"22, Portman Street, W., March 28, 1884.

"SIR.—The statement you refer to is quite correct. From the end of February, 1882 to the end of February, 1884, I performed ovariotomy seventy-three times at the Samaritan Hospital, and all the cases recovered. This is exclusive of oophorectomies, which were also every one successful. Faithfully yours,

J. KNOWSLEY THORNTON.

Lawson Tait, Esq.

"Birmingham, March 29, 1884.

"DEAR SIR.—You misunderstand my question, though it seems to me to be put with sufficient clearness. Did you, or did you not, make the statement in question, at the discussion of the Harveian Society? The question of its accuracy, or its relevancy, will be discussed by by-and-by. Yours truly,

LAWSON TAIT.

J. Knowsley Thornton, Esq."

[NO REPLY.]

"Birmingham, April 4, 1884.

"DEAR SIR.—Allow me to remind you of my letter of March 29th, to which I have not yet received a reply. Yours truly,

LAWSON TAIT.

J. Knowsley Thornton, Esq."

[NO REPLY.]

THE LOUISVILLE MEDICAL COLLEGE does not appear to appreciate the fact that it has received a sound thrashing, but keeps on fighting as if nothing had happened. The secretary of the faculty is out in a circular, which, whilst it is a bitter attack upon Dr. Yandell and the University of Louisville, is at the same time an admission of Dr. Yandell's charges. The Louisville Medical College may be all that its secretary claims for it, but yet if Dr. Yandell's accusations cannot be disproved—and it appears they cannot—the institution is a very discreditable one.

THE WITHDRAWAL OF DR. ALFRED STILLÉ from his chair in the University of Pennsylvania is chronicled by the various journals as a passing item of news. If Prof. Stillé had held a chair in a European school, he would have received some marks of honor from his colleagues and pupils on his retirement from active work after a life spent in devotion to medical science. Dr. Stillé has never been a grea original investigator but as a judge of the work of others, as a weigher of medical testimony he stands without a peer in this country. His Materia Medica and Therapeutics is the most classical of all American medical works, and will remain a monument to the author's scholarship, profound research, and beauty of style.

Dr. Stillé has never allowed himself to be carried away by any of the passing crazes in therapeutics, but has always stood out firmly against the vagaries of the Philadelphia school of, so-called, physiological therapeutists, and that is perhaps one of the reasons why he has not received any of those graceful tributes so common among our German, and French confrères. We take pleasure in extending to Prof. Stillé our wishes that he may live long to enjoy his well earned repose, and at the same time express the hope that his scholarly and polished literary work may still adorn current medical literature.

DEATH FROM CHLOROFORM.—Mr. G. H. Snowden, resident medical officer of the Portsmouth Royal Hospital, reports a case of death from chloroform; affection: papilloma of the tongue. Death occurred six minutes after the commencement of the operation. The chloroform was given with all caution—excepting the substitution for it of ether; and every effort was made in vain to restore the patient. We are not told, however, that the head was lowered; on the contrary, the patient was laid flat.

A NEW INSANE ASYLUM is being erected at Knoxville, Tenn.; it will accommodate two hundred patients, and $80,000 had been appropriated for it by the legislature. Dr. Campbell, formerly assistant physician of the Middle Tennessee Insane Asylum, has been appointed superintendent—a very good selection. It is high time that Tennessee had another asylum, as the crowded condition of

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the one at Nashville has long been a disgrace to the State.

ANOTHER PIECE OF LEGISLATIVE STUPIDITY comes from the N. Y. Senate in the shape of a bill prohibiting the manufacture and sale of ollemargarine in the State. If the method of manufacture were regulated, and means taken to prevent its fraudulent substitution for butter, there would be some sense displayed, but our State legislators never do anything sensible, except by mistake.

CEREBRAL PARALYSES, according to M. Couty, always have a medullary origin. The cerebral lesions always act upon the opposite side of the cord, and produce a functional lesion. The brain then is not directly motor, and its influence upon muscles is exercised through means of the medulla and cord.

THE VERATRIA TREATMENT OF TREMORS recently announced by M. Ferris was tried in St. Louis by Dr. C. H. Hughes. The patient was a soldier having unilateral paralysis agitans. The result of the treatment was a prostrating diarrhœa after the first day's use of the remedy, necessitating the prompt discontinuance of the veratria pills. The diarrhœa reduced the patient five pounds and confined him to his bed for three days.

A PECULIAR Case is related in the British Medical Journal. Several days after a woman's burial, it was concluded to hold a post-mortem. While opening the lid, the coffin burst with a loud noise, one of the boards striking the police inspector, and knocking him down. Dr. McDonald, the medical officer in attendance, fainted, and remained unconscious for some time, and has since died. Another physician, who was present, is lying seriously ill.

A movement is on foot in St. Louis to establish a hospital for children. A charity of this kind is much needed, and it is to be hoped that the organizers will receive due encouragement.

CONTRIBUTIONS.

NOTE ON STIGMATA MAIDIS.

BY A. H. OHMANN-DUMESNIL, A. M., M. D.

Prof. of Materia Medica and Therapeutics, and of Skin Diseases, College of Physicians and Surgeons, St. Louis.

Read before the St. Louis Medical Society, April 12, 1884.

It is only a few years since this agent has been employed, and we are indebted to France for its introduction. In this country it is as yet comparatively unknown, and but few practitioners have made use of it, or are acquainted with it in its mode of action.

The green pistils, or "silk" of our common Indian maize, or corn, are employed, and a fluid extract prepared by a process of maceration and hydraulic pressure without heat. To this liquid is added a sufficient quantity of alcohol to prevent fermentation or decomposition. This is somewhat of a disadvantage and drawback in its therapeutical application, but can hardly be avoided.

The strength of this extract is the standard of the United States Pharmacopœia of 1880, viz: one gram to each cubic centimeter, or one ounce to each fluid ounce. The dose of the fluid extract thus prepared is from one to two fluid drachms.

The fluid extract has a brown color and a pleasant odor and taste, reminding one a great deal of green corn. I wish to state here that the extract made by Parke, Davis & Co., of Detroit, is the most agreeable to the taste of all the makes I have met with, and is fully equal to any in its action.

The corn silk has been in use for a number of years by isolated practitioners, but the profession at large was not acquainted with its use until about the year 1879, and, although it has been extensively administered since then, but littte definite is yet known of its therapeutic properties. It is undoubtedly a diuretic, and one of considerable power. Besides this, it seems to possess some anodyne power over the mucous membrane of the urinary tract. M. Deunée, of Bordeaux, regards it as beneficial in all diseases of mucous surfaces. The drug renders the pulse more regular, increases the arterial tension and diminishes that of the veins. The tolerance of the drug is complete, and it can be taken for a very long time without any inconvenience. M. Castan, Professor at Montpellier, believes

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it to be a local anodyne or anæsthetic, whereas, M. Deunée, of Bordeaux, regards it as having an elective action on the mucous membrane of the bladder.

In regard to its application, the writer has had but a limited experience, but, although not extensive, it has been satisfactory to a high degree. In a number of cases of renal congestion, due to various causes, such as overwork, the use of alcoholics, "cold," etc., the fluid extract of stigmata maidis has acted promptly and efficiently. In affections of the bladder, the action has been good; but the most satisfaction has been derived from its action in cases of true and spurious gonorrhœa. In the former it aids the action of the drugs administered, and increases the rapidity of cure. Some late writer has even claimed that he has entirely relieved such cases by the use of the corn-silk alone. I have used it alone in several cases of spurious gonorrhœa, and was agreeably surprised to see them get well in a short time by means of this treatment.

It has lately been claimed by a French writer that corn silk has a very good action in heart diseases, claiming superiority for it over digitalis and lily of the valley (convallaria majalis). That it has some good effect in such cases, is probable, but its further use in cardiac affections will have to be presented before its claims in this direction will become fully established.

Often the corn silk will produce a cure in cystic or renal affections after the usual internal remedies have failed, or it will have the effect of rendering them more efficacious when conjoined with them.

Dr. Dufau regards as contra-indications to the use of this drug the following conditions: Acute traumatic cystitis or gonorrhœal cystitis. The drawback to its use is that it increases the pain in such cases.

I will briefly state here that corn silk has been satisfactorily employed in cases of renal colic, where it relieves the pain, gravel, cystitis, acute and chronic, pyelitis, vesical irritation and tenesmus, suppression of urine, retention of urine, dropsy, etc.

The practitioner who will use this remedy in the proper case, will find that it will give a great deal of satisfaction, and the only raison d'être of this short note is to call attention to a good and reliable remedy, which seems to be but little known and less used.

Before the Committee on Public Health, of the House of Representatives, in the Matter of the Consideration by the Committee of House Bill No. 2785. Argument of J. Coleman, of Counsel.

A CASE OF OPIUM POISONING TREATED WITH ATROPIA.

BY JNO. D. S. DAVIS, M. D., BIRMINGHAM, ALA.

[Read before the Jefferson Co., Ala., Medical Society.]

GENTLEMEN:—We are all prone to put upon record our successes and not our failures, but would it not be better if we would report more of our unsuccessful cases, that others seeing wherein we have failed, may profit thereby. Opium poisoning has been discussed with its antagonist, atropia, pro and con, in this society the past year, and in selecting it as a subject for discussion this evening, is to call your attention to a case that occurred in my practice a few days ago.

February 11th, 1884, I was called to see Mr. A——, a man of active habits, a chronic sufferer from syphilis, aged 29 years, at 10 o'clock, A. M. Found him in a stupor. When aroused, complained of great pain in the back of his head; bowels and kidneys had acted that morning. Had been feeling unwell since the 9th of February. His pulse was 95 per minute, respiration full and 14 per minute. His bowels were a little tympanitic, but no bobogory in the right hypochondriac region. Temperature 101¾°. I ordered

℞ Quin. sul., - - grs. xxx
Ext. Henbane, - grs. x
Pulv. Opii, - - grs. v
M. ft. cap. No. x.

Sig. One pill every every two hours until five pills were taken daily.

I returned to see him at 10:30 o'clock, P. M., and found him aroused, temperature normal, pulse 75 per minute, and respiration 18 per minute. He expressed a desire for me to return the next morning to see him. At 10:30 o'clock. A. M., I was at his room, and found his temperature, pulse and respiration normal. About three or four years ago he had been operated on for phymosis. The operation consisted only in slitting up the prepuce, a result of which was an annoying flap of prepuce left hanging to the penis, to only produce pain and annoyance, and frequently he laceratd in coition. I had promised to operate on this penis and take from it this flap, but somehow or other we could never meet at the office at a satisfactory time to both, and hence the delay. So, as I was retiring from the room he called me back, and asked for the operation at 3 o'clock that evening. I consented, and at 3 o'clock, P. M. I was at his room with an assistant. He begged me to give him chloroform, but thinking it not necessary to use an

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anesthetic for so insignificant an operation, I utterly refused, and gave him ⅛ gr. sol. morphia, subcutaneously, which was repeated in twenty-five minutes, when I drew up the flap and clipped it off with a pair of curved scissors, and fixed the edges with three sutures. The dressing used was cosmolised surgeon's absorbent cotton. I sat and talked with him until 5 o'clock, P. M., when I left him. At this hour, he was suffering but little pain. Nothing was ordered for him to take. I told him that if he suffered and could not sleep at night, to telephone me and I would call and give him something to produce rest. At 7 o'clock, P. M., I was telephoned that he was nearly, or about dead. I was at his bedside in ten minutes, found him unconscious, eyes firmly fixed, pupils contracted to almost the size of pin's points, pulse 95 and irregular, respiration sterterous and from 8 to 10 per minute, and covered with a cold perspiration. The whole aspect of the sufferer convinced me that I had opium poisoning to deal with. About 7:10 o'clock, his respiration ceased, and could only be kept up by artificial respiration. A cold perspiration covered the extremities and death seemed inevitable. I injected hypodermically, $\frac{1}{5}$ grain of sul. atropia. Artificial respiration was continued until 7:30 o'clock, when the patient could breathe without aid; at 7:55 o'clock, he recognized me and sucked a piece of orange, and I assisted him in changing sides of the bed. His pulse then was 110 per minute, respiration 16 per minute, and consciousness restored. He said: "I am better." Then I listened to the tale of the negro woman nurse, who said: "I came in the room soon after you left, and found him quietly reading and all right. A few minutes before I carried his supper to him, I went into the room to see if he wanted anything specially. He told me that when he got well he would give me some clothes for my child, and told me to take one of his oranges and peal him one. I did so, and he ate it. I left the room, fixed his supper and brought it to him, and set it on the table and turned to him and found him not breathing. I threw water in his face and called the lady of the house, who rushed in and helped me bathe him once or twice and then ran and telephoned for you." This confession of the nurse was made and I turned to the patient and assisted him in changing sides of the bed again. Consciousness was sufficient at this time for him to suck the juice of an orange; respiration 16, pulse, 105, with pupils still contracted at this hour, 7:55 o'clock. At 8:10 o'clock, his respiration was 16, pulse 95 per minute, with pupils still contracted. He asked me to let him rest and to lie down myself and rest. I reclined on his bed and took his arm in my hand and began to count his pulse over again, at the same time telling the negro to bathe his face, as it was soiled from the orange he had been eating. As she applied the water to his face, he raised his head on the pillow, and I had no pulse to count. I immediately rushed to the other side of the bed and raised him up, and found that breathing had ceased. I took him up and laid him on the carpet and began artificial respiration, which was kept up, for, as soon as it was left off, he would cease breathing. Dr. E. P. Riggs saw the case at 8:25 o'clock, and we gave him $\frac{1}{120}$ gr. of sul. atropia at 8:30 o'clock, hypodermically, and repeated at 8:55, 9:15, 9:50, 10:10 and 10:30 o'clock all to no avail. The pupils were at the time of giving the atropia, at 8:25 o'clock, about three-quarters dilated, and did not respond to light or effect of atropia any more. There was no further visible effect on the heart, cerebrum, respiration, and, as just said, on the pupils. Artificial respiration and foridization, was continued from this hour until 1:10 o'clock, A. M., when he expired. The report is complete in every term of the problem. Knowing that morphia and atropia are antagonistic in their effects on the heart, respiration, cerebrum and pupils, made the case one of great interest to me when I could see the good effects upon the heart and respiration, and none upon the pupils until the second attack of coma, when we had almost at once three-quarter dilation of the pupil and the apparent effect on the heart and respiration none. Knowing, too, that atropia preponderates and is more lasting than that of morphia, convinced me at once that I had failed to give enough atropia to combat that unknown quantity of opium. This man had no idiocracy against opium, for I have repeatedly given him ½ grain hypodermically, and, too, he was in the habit of taking McMunns' elixir opii in one to two dram doses at liberty. I have found no evidence that opium has been taken in this case other than the ⅛ grain which was given him in ⅛ gr. doses at 3:30 and 4 o'clock, P. M., three hours before the first injection of atropia. The poison in this case must have been entirely absorbed, and if there were no complications or accident to effect the result, an obvious deficiency existed in the treatment, however. My experience, of opium poisoning has reached to thirty-three cases, and the effect of atropia is simply marvelous in stimulating the respiratory function, and removing the carbonic acid narcosis. In all, or nearly all, cases of heart's failure and failure of respiration. I practice

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the giving of $\frac{1}{60}$ to the $\frac{1}{100}$ of a grain at intervals of every two or three hours, and when produced from opium and I know the quantity given, I always give $\frac{1}{20}$ to $\frac{1}{25}$ grain to every grain of morphia taken into the system. In the case reported in May, 1883, by myself, I gave $\frac{1}{4}$ grain sul. atropia to counteract the effect of $13\frac{3}{4}$ grains morphia sul. that had been taken three hours and a half previous to my seeing the patient, with good result. There was considerable diarrhœa, and I think there must have been a good deal of the poison eliminated by the bowels, or I would have had to repeat my $\frac{1}{4}$ grain atropia ere I could have boasted of the result that was so favorable.

The good accomplished by the first injection was most conspicuous, but the impression made was so transient that no effect remained over to the next dose, as the whole of the poison taken probably remained in the blood, the function of excretion being suspended by the narcotism. The whole amount of atropia given from 8:25 to 10:30 o'clock, P. M., should have been given at one dose, and repeated as required or according to necessity.

As this man recovered consciousness, and did not perish from the comatose effects of opium, but from exhaustion following that condition. Hence, it may be assumed that, if the results are not fortunate in this case, we have a right to conclude that one of these propositions is true: That the toxic dose was excessive; that it had been acting longer than we have reason to believe, from the statement of the negro, so long that the tissues could no more react to the antagonist, or, that the antagonism was defeated by the failure of some vital organ which would have eaused his death per se.

SUPRA VAGINAL HYSTERECTOMY FOR DYSMENORRHŒA.

BY R. S. SUTTON, A. M., M. D., PITTSBURGH, PA.

Supra vaginal amputation of the ovaries, tubes and uterus for dysmenorrhœa may, at first thought, strike the reader as very radical treatment, but no one will probably doubt the efficacy of the procedure to cure the malady. It does happen that if the ovaries alone are removed, that menstruation may continue. Professor Reeves Jackson reported (MEDICAL REVIEW April 12, 1884), just such a case. In this instance, a laparotomy was resorted to, and, although the ovaries were removed, the patient was not benefited. Had he removed the tubes, the result might have been different. In cases of uterine myomate, after removal of both ovaries and tubes, a bloody flow has appeared. In January last, Dr. Ackerman, of Wheeling, sent me the following case for supra vaginal amputation of ovaries and uterus. The conception of the procedure which has cured the patient was Dr. Ackermann's. On February 2, in the presence of Drs. Ackermann and Baguey, of Wheeling, I did the operation in my private hospital. Before giving further details, I will say the patient made an uninterrupted recovery, and is now a member of my corps of nurses, able to do full duty so far as she knows how. She has gained flesh and is wonderfully improved.

Miss N. T. aged 25 years, German, born in Pittsburgh, changed at 13 years. The menstruation was accompanied with great pain, lasting day and night for four days. She had never failed to change, and to suffer great pain. The latter had increased during late years, always demanding anodynes, while the quantity of bloody flow had diminished. For some time past great nausea accompanied the pain at the periods, which pain continued with more or less severity, until the appearance of the next flow. She suffered from headache, backache and irritability of the bladder. The uterus was sharply antiflexed and as tender as a boil. Sims' operation had been done and failed to relieve her. All sorts of medical treatment had disappointed her physicians. I opened her abdomen in the median line and removed her ovaries and tubes, the latter were deeply congested, the ovaries were small and purplish in color. I then drew up the fundus uteri to stick it to the abdominal wound. The needle puncture bled so freely that I abandoned the intention, and adopted Dr. Ackermann's original view. I removed the uterus above the vaginal attachment, leaving the stump secured by ligatures in the pelvis. In my last fifteen laparotomies, I have thus removed the uterus, ovaries and tubes three times, all the patients recovering.

At the annual meeting of the New York Neurological Society, held April 1, 1884. the following officers were elected for the ensuing year: President, William J. Morton, M. D.; 1st V. P., C. L. Dana, M. D.; 2d V. P., George W. Jacoby, M. D.; Recording Secretary, E. C. Wendt, M. D.; Corresponding Secretary, W. M. Leszynsky, M. D.; Treasurer, E. C. Harwood, M. D.; Counsellors, E. C. Seguin, M. D., L. Weber, M. D., T. A. McBride, M. D., W. R. Birdsall, M. D., Graeine M. Hammond, M. D.

A fire in a London publishing house destroyed the entire second edition of Dr. Morell. McKenzie's book on Diseases of the Throat and Nose. Fortunately the proof-sheets are in possession of the author, but the publication will be delayed some months.

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SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

[CONTINUED FROM LAST WEEK.]

DR. JOHNSTON.—In the days of calomel I happened to be a calomel doctor. I have salivated a great many, and I have seen the saliva from these salivated persons run on the floor. It is seldom a child under five years of age is salivated. About twenty-five years ago Jonathan Hutchinson announced the doctrine that all single notched teeth, different from the serrated teeth, depended upon hereditary transmission of syphilis. I saw, forty years ago, children, from their first teeth to 20 years old, with a single notch, with two notches, also serrated teeth, and yet they had not taken a dose of calomel, and without any hereditary syphilis whatever. Hutchinson denies that the notching takes place at all in the milk teeth, also says that syphilis could not be cured; but he was forced to back down from the latter position. We must receive these dogmatic assertions with a good deal of allowance. We have the statement here to-night by old experienced, gray-headed men, that there are certain rules in medicine, and I hope that I may live to see some one of them established. Jonathan Hutchinson has made this statement; yet a greater man than Jonathan Hutchinson made the statement that in true chancre, if you cauterize the chancre on or before the fifth day you would destroy it. I practiced this treatment, but found it was not true, but a great many men followed this treatment for twenty-five years and believed in it. Mr. Ricord's students made him retract his early doctrines. I have seen in scrofula malformations of the teeth, these transverse notches. I have seen it follow excessive doses of calomel. I have seen in a rural district where there was no syphilis the teeth notched in a negro, but these persons had that peculiar scrofulous disease — that which we term cachexia. We have been taught all our lives that tuberculosis was transmissible from parent to child, even to the fourth or fifth generation; but what did Dr. Bremer tell us the other evening? That now, the microscopists say, consumption depends upon bacteria. Bacteria is the cause of consumption; no bacteria, no consumption. Why, sir, if a man a few years ago had said that consumption was not hereditary he would have been laughed at. To-night I am inclined to believe it is true. The question arises, are bacilla transmissible to the fourth generation, as one gentleman says that syphilis is? If you take another disease, which we call scrofula, then there is a distinction made, and you may take a large majority of scrofulous children, where they have been poorly nourished, lived in a squalid condition, without proper nutrition, where there is a deficiency of the salts necessary to the composition of the constitution, so as to furnish the proper material to form the dentine; and you will have not only notched, but serrated teeth, without any hereditary syphilis whatever. I am not inclined to believe that a child may have been poisoned with constitutional syphilis, and forty years after will have constitutional syphilis. Some men have written that it may break out nine years afterwards, but without proof I am not inclined to believe it. I have always believed that consumption was transmitted from father to offspring; that it was hereditary; but scientific men now tell us that it depends on bacteria; some of these learned microscopists say that the destruction of a tooth, a decayed tooth, depends upon bacillus. Now which are we to belive? Are we to believe that John Smith, who contracted syphilis ten years ago, and who has begotten a child afterwards, will transmit the disease to that child's child in the form of notched teeth? Jonathan Hutchinson, I think, in the last few years has changed his opinion as regards syphilis not being curable. I believe that I have had cases which were cured. I had a case in this city in which the man had a true chancre, and afterwards constitutional syphilis, yet he was cured, and again contracted syphilis.

DR. GREEN.—It is a fact well known that not all hereditary cases of syphilis present these teeth, but we do find them in connection with hereditary syphilis. Now it is just as probable that these teeth are the result of the treatment as the result of syphilis itself. May it not have been that the treatment of the syphilis produced some disturbance of nutrition, and as a result this deformity of the teeth, as Dr. Rumbold has stated? It is possible that this may be true. So that persons might present such typical teeth without having hereditary syphilis. As to the question in regard to the development of syphilis being possible after forty years, I do not believe it; still it is possible, if there is any virus in the system, for it to be retained for some time. It is known that tuberculosis may be latent for years, and at last break out again. This may occur in infectious diseases; the contagion may survive the infectious disease, and produce micro-organisms, which are cap-

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able of reproducing themselves in the system, and multiplyiug themselves, provided they have the nutrition necessary and which differs from the greater organism. Now, again, we know that these different organisms producing these different diseases do not affect every person alike. Why? Because there is some condition necessary to enable these micro-organisms to reproduce themselve. It is a fact, also, that these micro-organisms that reproduce themselves, by a change of the nutrition, a change of material going on in the living organism, may produce such chemical change as will kill them, and sometimes these diseases actually get well of themselves, because these organisms cannot live in the composition they have produced. Now, when a disease is cured spontancously it is either because the micro-organisms produce such an abundance of such materials,which kills them, or they do not find any more of the peculiar kind of nutritive elements in the system. In this case, again, these organisms may remain in the system; they can not multiply themselves, they are latent; yet after a few years there is a time when that chemical composition takes place which is favorable to their multiplication; the disease may develop itself again.

Dr. Hurt.—A difference must necessarily exist between an hereditary syphilis and an hereditary phthisis. The transmission of phthisis is through one factor only—a predisposition to the disease. In the transmission of syphilis you do not simply have a transmission of predisposition, but there is a transmission of a virus.

Dr. Bremer.—It has been doubted that hereditary syphilis may break out forty years after its inception. I simply refer the gentlemen for the truth of my assertion to the authority of Professor Fournier, of Paris, who is one of the finest syphilographers in the world.

Dr. Mulhall read a paper on

Intra-thoracic Aneurism.

(See paper.)

Dr. Mulhall.—I mentioned in this case that the patient was an Irishman and not without some reason, though I did not give it. Dr. Scott several weeks ago mentioned the fact that he had noticed that most all cases of traumatic aneurism that he had witnessed were natives of thə British Isles. I mention this in order to give Dr. Scott some chance to explain why he thought this the case?

Dr. Scott.—Such is the fact, and I am not alone in that opinion. Some of the best authorities on that subject think as I do. The inhabitants of Great Britain are especially liable to this trouble. Why this is so I do not know; whether it is due to the use of alcohol, or to the gymnastic exercises is a question that no one has been able to explain as yet; but statistics have proven that it is a fact.

Ovarian Tumor.

Dr. Mudd.—The case, of which these are photographs, is interesting because of the size of the tumor, and the unusual progress in its development. These are several photographs of an ovarian tumor which I think is multilocular. The patient has been under my observation since October 20, 1880. She is a colored woman and when first seen she stated that she had observed the swelling at the left of the median line in the iliac region nine months before. From her knowledge of the tumor it would date from January, 1879, or December, 1880. The tumor increased somewhat rapidly, and in June, 1883, she became somewhat disabled from its weight and size. She was a very strong woman, large, active, muscular and very inteliigent, a mulatto, perhaps two-thirds white. In June 1880, she emaciated quite rapidly about the face, legs and arms and abdomen and at that time measused 54 inches in circumference, and 29 inches from the pubes to the sternum and her weight was 265 pounds; when healthy she never reached more than 210 pounds. At 210 pounds she enjoyed perfect health. On July 9th, she measured 31 inches from the sternum to the pubes, five and a half inches from the tip of the sternum to the bulging or curve of the abdomen. On April 5, 1883, she was unable to walk erect. She had increased in size considerably; pain in the hypochondriac region was marked; the measurement from the sternum to the pubes was 40 inches, her circumference 67 inches. She weighed April 5, 1883, 306 pounds. Up to this time she had suffered more or less from the pressure of the tumor upon the lungs and heart and other viscera, which pressure interfered very much with the secretion of urine, obstructing somewhat the action of the bowels and interfering with the action of the heart. From the pushing up of the diaphragm and from the encroachment and narrowing of the chest cavity the respiration was difficult, and a number of times during this period immediately preceding April, 1883, I thought she would die in some of these attacks that came on as a result of the pressure and disturbance of the circulation and respiration; but she recovered from them. During this time she ate very

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sparingly, if she swallowed a few mouthfuls of food--liquid or solid—it often produced one of these attacks of dyspnœa, and she emaciated quite rapidly and the greater part of her persistent weight was made up by the tumor itself. On July 31, 1883, she was looking very much better, eating freely and sleeping well; the bowels moved regularly and she had no trouble with the urine. The tumor was now so large that she was unable to stand except by resting her hands on some body in front of her and thus supporting herself. She measured 40 inches from the pubes to the ensiform cartilage, and was 70 inches in circumference; when standing, the tumor is dependent and reaches nearly to the knees. On March 12th, she measured 87 inches in circumference, 46 inches from the pubes to the ensiform cartilage; on July 31, 1883, the tumor no longer encroached upon the thoracic cavity; it had dropped forward and become dependent. The viscera had been relieved of the pressure and the re-establishment of the secretion of urine was perfect; the digestion was better; she could eat a pretty fair meal; took soups and enjoyed her food; she improved very much in appearance and from an expression of pain and anxiety her face assumed its normal cheerfulness, except that it was emaciated as it still is. She is now enjoying comparative comfort. The tumor is now so large that she cannot move at all except by walking backwards—walking away from the tumor. It is so large that she cannot turn in bed; when she wants to change her position she has to get up and turn around the tumor. Now, this is an interesting tumor, first because of its size, and second because of the fact of the re-establishment of the functions when relieved from the pressure of the tumor, for the viscera are not now so much distressed or pressed upon by the tu mor as they were when it was of medium size. I exhibit these photographs of the tumor in its various stages they are all dated so that a very good appreciation of the different stages can be obtained. It may be inquired why we did not proceed to operative measures. The woman is a courageous woman; she was a woman of very strong physique, and she thought from time to time that she would be ready to submit to an operation. When she first came to me I told her frankly my opinion of her condition; told her what I thought was coming, and that it would sooner or later be a necessity that operative proceedings should be resorted to, and that it would be better to submit to it before that day came; but she postponed it from time to time until the tumor became very large, when she suffered very much distress. I made one other effort at paracentesis but perhaps I entered a small cyst as I did not obtain much fluid; not enough to give her any relief. I have not since tapped her; at that time she became very easy and very comfortable and I did not think it would be of much benefit; I thought probably the fluid would only accumulate more rapidly and perhaps shorten rather than prolong her life. She has not been weighed since April, 1883. Probably now she would weigh 350 pounds or more and the tumor would weigh 175; have told her from time to time if she desired it I would operate, but doubt if it would now be prudent. Certainly the dangers are very much increased; I think I could complete the operation without her dying, but the tumor is so large, the abdominal walls so large and the distension of the surface so great, that I think she would die in consequence of an operation. I do not now urge an operation. I did so persistently for years, but at the present time and during the last few months she has been more comfortable, and is now biding her time.

CORRESPONDENCE.

OPIUM POISONING IN AN INFANT TWENTY-TWO DAYS OLD.

To the Editor of the Review.—At 9 p. m., on the 6th of April, I was called to see the child of Mr, W. Urquhart. I found the child had had one convulsion, which was followed by another a few minutes after my arrival. I asked them if they had given any medicine; they said it had been given two Dover's powders. On examination I found that the pupils were contracted to the size of a pin-head, and were not susceptible to strong light; pulse rapid and small. I found they had given about two-thirds and one grain respectively of the Dover's powder. The first was given at half-past three, and the other at half-past six in the afternoon. The child was but twenty-two days of age and of good health.

Here then was a case of opium poisoning in the last stage, and that in a babe only twenty-two days old. The prospects of saving the child were evidently anything but encouraging. As the last powder had been given on an empty stomach, and my arrival was two and a half hours later, the administration of an emetic would evidently do but little good. I commenced treatment by giving it five drops tincture of belladonna, and in fifteen minutes gave four drops more. The child was constantly kept in motion; we also gave it as much strong coffee as it would take. In half an hour there was a slight change for the better; I now gave it four drops more of the belladonna. As soon as the pupils began to dilate I gave two grs. hg. chlo. mit. The child continued to improve until midnight, when I thought it out of danger; it was then suddenly taken much worse, and had

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a very severe convulsion. Its face became deeply cyanosed, the lips nearly black, the pulse could not be felt, the heart beating two hundred or more per minute; the respiration nearly failed, there being only a short gasp now and then. I gave it a severe shaking, and bathed its head and arms with pure alcohol; also applied the belladonna to the face and neck. After a few minutes it rallied again; continued the alcohol and belladonna, the latter sparingly until morning. Could not detect any pulse for nearly an hour; the respirations were becoming more active. Wishing to strengthen the force of the heart as soon as possible, applied some tincture digitalis to the skin, and as soon as I thought it able to swallow without strangling, I gave it one grain hg. chlo. mit., and a little later some coffee and milk. The bowels operated in one hour; it continued to improve slowly, and by noon the following day was out of danger. Why it had the relapse I am unable to state satisfactorily, unless it was that the second and larger powder was taking effect. To me it is a wonder that the child recovered; I am compelled to ascribe the recovery to the large doses of belladonna and the free use of alcohol.

Had a physician prescribed Dover's powder (and I do not think there are many that would do so at so early an age), the child would, in all probability not have got more than one thirty-second of a grain; whereas it got one and two-thirds grains.

The effect of the belladonna did not disappear for twenty-four hours.

L. R. MARKLEY, M. D.

Hansen, Neb., April 8, 1884.

ACUTE TRAUMATIC TETANUS.

[A report of a case read before the Hill County Medical and Surgical Association, by N. B. Kennedy, M. D., Hillsboro, Texas.]

To the Editor of the Review.—I was called Friday, April 4, 1884, at midnight, to see Robert Brudenthrall (colored), 60 years of age, and of strong, vigorous constitution. He had four days previously stuck a nail in about the middle of the plantar surface of the left foot. I found him in the following condition: Marked ophislotonos, stiffness and rigidity of the inferior maxilla, and of the muscles of the neck, throat, abdomen and back—risus sardonicus—great difficulty in swallowing; exciting spasm of the muscles of deglutition and respiration—in short, the entire muscular system more or less affected; shooting pains through the body, indicating spasm of the diaphragm; total inability to protrude the tongue; pulse strong, full and slow; skin bathed in a cold, clammy sweat; temperature normal; bowels free and regular; urine normal; intellect unimpaired; senses morbidly acute; expression of countenance betokening agony of body and despair of mind. I gave one grain of morphia hypodermically and ordered:

R Potassii iodidi
" bromidi aa 2 drs.
" carbonatis 1 dr.
Ammonii bromidi ½ dr.
Infus columbæ 6 oz. M.

Sig. One tablespoonful every four hours.

Directed warm anodyne cataplasms to the foot, and had the affected muscles bathed in a mixture of equal parts of kerosene oil and oil of turpentine, applied hot. Saturday morning, April 5, saw the patient with my partner, Dr. Vaughan, and found his condition unchanged; learned that he had been unable to swallow anything, and that the morphia had no effect on him whatever. We again gave one grain of of morphia hypodermically, and ordered the medicine, together with one tablespoonful of essence of beef, to be given every four hours per rectum. Saturday evening found the condition of the patient unchanged, except that the spasms had become more severe and more frequent. The morphia and other remedies had had no effect whatever. We again gave one grain of morphia hypodermically, and continued the other treatment per rectum.

The pulse, which was at first full, strong and slow, had now become very rapid and feeble. He had two free evacuations from the bowels since being attacked, and his kidneys acted well. He continued to grow worse until four o'clock Sunday morning, when exhaustion put an end to his sufferings.

The only difference in this case from the usual types of tetanus was the strong, slow and full pulse, instead of the rapid and feeble pulse, and the bowels active and free, instead of constipated offensive stools.

Yours respectfully,
N. B. KENNEDY, M. D.

Hillsboro, Tex.

RETAINED PLACENTA.—DEATH.

To the Editor of the Review.—A contribution to the REVIEW recently asked if the teachings of most lecturers and writers on the subject of retained placenta, might not be profitably reviewed. I certainly think so. I have always in abortion left the placenta to come away without interference, and have yet to see trouble result. But I had a case quite recently that gave me great anxiety, and has been the subject of much thought since, on which I may desire more light. It is proper to say that I have been in practice about fourteen years, have attended about three hundred women in confinement, and have never before the case I am about to relate lost a woman, and I have had the usual run of hard cases. I feel this break in my record very keenly.

January 2, 1884, Mrs. M., mother of four children, age 42, a slight built, pale-looking lady, who had always enjoyed fair health; has always flowed very badly at all of her labors. I was sent for on this day to attend her in her fifth confinement. It was six hours before I reached her. Her former labors had all been very tedious, lasting two and three days, but this time the child was born in fifteen minutes after the first pain. When I arrived I found her very much depressed; surface cold, pulse could not be felt at the radials; voice thin; respiration sighing. The nurse informed me that the placenta had not come away, and that there had been a "bad flooding." I ordered hot whiskey to be given, hot bottles and plates put to the extremities. After waiting two hours I found her in such a condition that I ventured to attempt the removal of the placenta. First I administered a dram of Squibb's ergot, and at the first pain I placed both of my hands on the abdomen, grasping the uterus, and tried to express the placenta. I forced the uterus down into the pelvis deeply, but to my chagrin the placenta did not come away. I failed for the first time to remove the placenta by expression. I now made a careful examination per vagina, and found the placenta firmly adher-

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ing to the fundus, and all my efforts to turn up the edge at any point failed. I found also that I had excited an active hemorrhage, and my patient had now fainted. I found that the hemorrhage came from a fearful rent in the os uteri. The uterus had completely relaxed. I forced a pretty firm contraction by again pressing down on the organ, and applying cold water to the os and gentilia. After a desperate fight of an hour the lady began to revive. What next? I determined to wait until morning, it being now 11 p. m. The next morning I found the uterus quite firmly contracted; no more bleeding; a firm clot filled the rent in the os, which I was very careful not to disturb. She was very white; pulse 85; temperature 99° F.; begs to be let alone. I still determined not to interfere at present. I ordered half a dram fl. ext. ergot every six hours; stimulants, nourishment, and morphine, if required. Kept the vagina clean by frequent irrigation with warm salt water —perfect cleanliness. January 5.—Quite comfortable; takes fair amount of nourishment; rests well; pulse 80, temperature 99° F.; is cheerful; considerable discharge per vagina; uterus firmly contracted; says she is too weak to raise her head from the pillow. Continue treatment, excepting omit ergot; gave particular directions about keeping her clean, and made up a large bucket of sol. carbolic acid, one to eighty. January 11.—As soon as I entered the house I perceived a gangrenous odor; found the nurse, a lame old woman, addicted to opium, had neglected to syringe the vagina, or wash the external gentilia; did it myself, and got a new nurse. The abdomen is distended somewhat with gas; no pain or tenderness; sleeps quite well, relishes food, and is gaining strength; pulse 76, temperature 99.5 F.; the placenta is melting down, and coming away by shreds and bits. After I washed her, I found there was no odor to the discharge; bowels have moved twice every twenty-four hours without physic; examined the abdomen carefully; found the uterus a little more swollen than at first; a very slight tenderness on firm pressure; she is cheerful, and sits up an hour at a time in bed. January 16.—I was sent for in the forenoon, but was fifteen miles from home when the messenger arrived. He followed me, and I reached the lady at 7 p. m., having driven eighteen miles in a blinding snow-storm. The nurse tells me that Mrs. M. passed the night in quiet sleep, rousing up twice to take a glass of milk. In the morning she said, "What a splendid night's sleep I have had; now I am going to get right along." About 8 a. m. she said she did not feel well, and asked that I might be sent for. I found her very much depressed, the abdomen nearly as large as at full term; great tenderness in left iliac fossa; pulse 67, temperature 98° F.; face decidedly hypocratic. I told the friends she would not live until morning. I tried to stimulate her, but there was no response. She gradually sank away, and died at 8 a. m., January 17. No post mortem. I believe she died of embolism of the pulmonary artery, but this is only conjecture.

Now, I ask my brethren in the profession, what do they make of this case? What more ought I to have done? Please consider all the circumstances, and remember the case did not happen in the practice of one who is young and without experience.

FRED. HUTCHINS, M. D.

Loyalton, Cal., March 24, 1884.

SEMINAL WEAKNESS AND SELF-ABUSE SUCCESSFULLY TREATED BY MASSAGE.

To the Editor of the Review.—From over-stimulation of the nerves supplying the genital organs an impression is made upon the nerve centres, by which the mental and moral faculties are changed and in many cases the physical development also. The sexual instinct is normally guided by the will, but from habits of abuse, contracted usually when young, the will power becomes weakened and the habit is indulged until some powerful impression brings them to realize the magnitude of their crime against the laws of health. When the exciting cause no longer exists, we find the organs in a weakened and excitable condition. The centre that presides over the reproductive organs has become over-active from frequent stimulation, so the patient is harrassed by seminal emissions. As a result of this increased activity in the nerve centre, there is an undue flow of blood there, and it is this abnormal flow that we correct by massage. By the revulsive action of this agent the blood will be drawn into the muscles and away from the nerve centres, thus checking excessive nerve activity, and by strengthening the muscular system the weakened will force can be restored.

Mr. M. consulted me one year ago, and gave the following history: He began self-abuse when thirteen years old, and continued it until twenty-two, though he was aware of its baneful effects some three years earlier. From the age of twenty-two to twenty-eight—the time he consulted me—he was unable to control his lascivious desires, and constantly indulged in illicit intercourse, though he suffered the greatest remorse.

He had occasional attacks of impotency, from which he suffered much anxiety, and would become exceedingly melancholic. For eight years he had been unable to do any mental labor, though naturally of studious habits. He was a great sufferer from indigestion and constipation, and at times was unable to concentrate his thoughts on any subject, even for a few moments. A little extra exertion would bring on severe attacks of headache, palpitation, and many other annoying symptoms. He suffered all the time from cold hands and feet, even in warm weather.

For the first month the muscles were massaed and the passive movements given to the limbs, care being taken not to approach the spinal cord or genital organs in kneading the muscles. By this means the muscles were toned up and exercise was furnished without taxing the already weakened will power. After treatment each day, which lasted about thirty minutes, he was required to lie quietly for one hour, after which a short walk in the open air was taken, stopping short of fatigue. After one month the number of emissions had been reduced to three or four, while previously they had been much more frequent. He was in better spirits, and took a brighter view of life. For the next month I added some light active exercise, such as using the dumb-bells while lying on his back on the floor, etc. As the muscular strength increased, there was a corresponding diminution of nervous excitability. The sleep became natural, and he was no longer disturbed by loathesome dreams. In two months and a half he was cured, all the organs performing their functions normally, and he now became a useful member of society.

Many other cases have been treated successfully

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by this method, their history not differing materially from the case reported.

JOSEPH H. MOORE, M. D.

St. Louis, Mo.

REPORT OF PROCEEDINGS OF ILLINOIS STATE BOARD OF HEALTH.

Quarterly Meeting, Chicago, April 17-18, 1884.

The regular quarterly meeting of the Illinois State Board of Health was held in Chicago, at the Grand Pacific Hotel, on Thursday and Friday, April 17 and, 1884. Present: Newton Bateman, presiding; W. A. Haskell, A. L. Clark, R. Ludlam, W. R. McKenzie, John H. Rauch. The president called the board to order on Thursday morning at 10:30 o'clock. The minutes of the previous meeting, January 17, were read and approved. Under the call for reports from officers the secretary presented the following:

QUARTERLY REPORT OF THE SECRETARY—JANUARY 1—MARCH 31, 1884.

During the quarter ended March 31, 1884, there were received in the secretary's office 615 communications, letters, reports, etc., exclusive of 183 diplomas, submitted for verification, and the affidavits and other papers accompanying applications for certificates in nearly 200 cases. There were sent out during the same period 760 letters, postals, circulars and other communications, and the usual quantity of the board's publications, reports, registers, preventables, disease circulars, etc., of which 227 packages were sent by express. Eighty-one telegrams were received and 122 sent.

Certificates entitling to practice medicine and surgery, under the Medical Practice Act. were issued to 152 graduates upon diplomas from legally chartered medical institutions in good standing.

Among these were a number to practitioners, previously holding the certificate of the board, issued after examination. There are now not to exceed fifty practitioners of this class in the State who have not since graduated from a medical college, in accordance with the recommendations of the board.

To midwives twelve certificates have been issued, and six upon examination. There were in all twelve examined during the quarter, of whom six were rejected.

THE DIPLOMAS OF 1883-84.

Applications, based upon the diplomas issued at the close of the last session, have been received from graduates of eleven different colleges, which have either failed to fully comply with the schedule of minimum requirements of the board, or against which charges have been received that such compliance has been perfunctory and insincere.

In eight of the cases, where the colleges have failed to fully comply with the schedule, the applicants have signified their intention—in response to a suggestion to that effect—of submitting themselves to an examination by the board on those subjects, omitted by their respective schools.

They will present themselves at this meeting, and I recommend the adoption of this course with regard to the diplomas of that class of colleges.

During the month of March I spent two weeks visiting eastern colleges, with refererence to this matter, and was much gratified at the spirit manifested concerning the board's efforts to improve the status of medical education, especially from the better class of colleges.

I regret not being able to devote more time to these personal visits. They are much more satisfactory and profitable than anything which can be accomplished by correspondence.

On the whole there is every reason for encouragement in the results of the work thus far. One of the most satisfactory proofs of the timeliness and wisdom of the board's action, is found in the attitude of the graduates themselves.

Expressions of approval from a very large number, and, as already stated, of a willingness to submit to an examination by the board, from others have been received.

PREVALENT DISEASES.

Small-pox has appeared at a few points in the State, viz.: At Chicago, two cases—one from Cincinnati, and one from Indianapolis; at Cairo and East St. Louis, several cases—from the rivers: at Charleston, Coles county, a tramp, said to be from the pineries of Wisconsin or Michigan; at Coulterville, Randolph county, five cases among negroes, contracted from a negro roustabout. At the close of the quarter an outbreak is also reported at Yorkville, Kendall county.

In all these cases, except Chicago, the rules and regulations of the board, and the necessary advice and instructions, printed and written, are at once furnished. These are now so well understood, and the community generally is so well protected by recent vaccination and re-vaccination, that there is no spread of the disease beyond the first cases. Some sensational statements were made about the cases at Cairo, but investigation proved them to be unfounded.

Scarlet fever has been reported from a few localities, but not to such an extent as to warrant special mention.

THE CATTLE DISEASE.

On the 13th of March the board was appealed to by the State Board of Agriculture, concerning information received that foot and mouth disease (epizootic aphthæ) existed among cattle in Effingham county, coupled with the reports of its existence in Kansas, and elsewhere, the information demanded the most serious attention. It's highly contagious character, the rapidity of its spread, and the difficulty of eradicating the contagion, combine to make it one of the most dreaded of all the animal plagues, from an economic standpoint. It is estimated that the direct money loss from the disease to English stock-raisers in 1872 exceeded $65,000,000, and the average annual loss in France is computed at 5,000,000 francs for twenty successive years.

There is no legislatson in the State concerning the disease, beyond the authority conferred upon the State Veterinarian, to investigate contagious and infectious diseases among animals. But the dower to condemn infected animals to quarantine, or enforce other measures for the arrest of such diseases; and to prevent their spread, is limited specifically to pleuro-pneumonia and glanders.

In this emergency it was evident that, if the disease really existed, it could only be dealt with through the State Board of Health, by virtue of the power and authority vested in it by the second

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section of the act of May 25, 1877. Steps were therefore at once taken to ascertain the foundation for the reports; the State Veterinarian was despatched by the Governor to Effingham county, and, subsequently, to a number of other points. Profs. Morrow and Prentice also visited herds, in various localities, said to be infected. Meanwhile I had consulted with Dr. D. E. Salmon, the chief veterinarian of the Department of Agriculture at Washington, and had carefully studied and compared all the reports of the disease from the several localities, and finally arrived at the conclusion, subsequently confirmed by the veterinary experts, that the disease existing in Illinois, Iowa, Missouri, Kansas, and Nebraska, was not foot-and-mouth disease.

SANITARY COUNCIL.

The sixth annual meering of the Sanitary Council of the Mississispi Valley was held in Memphis, Tennessee, on the 21st of March. Beyond the reception of the reports of officers and committees, and the transaction of the usual routine of business, nothing of importance was attempted. The object of the meeting was mainly to keep the organization in readiness for action should an emergency arise requiring its intervention. A resolution was adopted, thanking the executive committee for its labors during the season of 1883, approving its course and instructing it to adopt, if necessary, the same line of action in regard to the prevention of the introduction of yellow fever or other infectious diseases into the Mississippi Valley during the year 1884.

Recent changes in the personnel of some of the most important sanitary organizations, originallv represented in the Council, are cause for congratulation, and for the first time in many years there is now good reason to believe that all boards of health, State and local, in the valley, will act as a unit.

Respectfully submitted,
JOHN H. RAUCH,
Secretary.

On motion of Dr. Clark, at the conclusion of the conclusion of the reading, the report was adopted and placed on file.

The secretary made an informal supplementary statement, regarding his action on applications for certificates, based on the diplomas of 1883-84. On motion of D. McKenzie the action of the secretary was approved.

Fifteen candidates presented themselves for examination, among them being six graduates of colleges which had not fully complied with the board's schedules, and whom it was proposed to examine onlv on the subjects omitted, namely, preliminary examination and hygiene.

At 11 o'clock, on motion of Dr. Clark, the board went into executive sessian for the consideration of sundry cases concerning colleges and individuals, representatives of three colleges being in attendance and desirous of a speedy hearing.

At one o'clock p. m. the board took an hour's recess for dinner, and at three o'clock, after having transacted sundry routine business, the executive session was resumed, and continued until six o'clock, when the session was adjourned to Friday morning.

Friday, April 30, 9:30 a. m., the board met pursnant to adjournment. Present, as before. The secretary presented the correspondence and other papers in a large number of cases, which occupied the attention of the board during the remaining hours of the session.

The secretary was authorized to attend the proposed conference of representatives of State Boards of Health, to be held in Washington, D. C., during the meeting of the American Medical Association.

In the case of Dr. W. W. Bower, of Mount Sterling, Brown county, charged with being identified with the "American Anthroplogical Society of St. Louis," the secretary was instructed to forward Dr. Bower's denial and explanation to the Hon. John Eaton, Commissioner of Education, by whom the charge was laid before this board, and to request of General Eaton that he forward any evidence in his possession tending to prove that said Bowen was concerned in the sale of the diplomas of the so-called university.

The auditing committee reported that it had examined and approved of bills for the current quarter, amounting to $2,664.80, and recommended that the same be paid.

The secretary reported that only two of the candidates, who had undergone the full examination, had attained the required percentage entitling them to pass, and that both of these were men who already held diplomas from medical colleges,

At eight o'clock p. m. the board adjourned.

FARE TO WASHINGTON.—The Baltimore and Ohio Road has issued a very elegantly decorated card to the profession in Chicago, offering them a special car at greatly reduced rates with increased advantages. The company has put the matter in such compact form that we cannot do better than publish the notice which they have issued. We even regret that we cannot add the interesting comic devices with which the card is so humourously adorned. It runs thus:

"The arrangements made for the entertainment and transportation of the members of the American Medical Association to the annual meeting in Washington, in May, are certainly as complete as the most exacting could desire. The Baltimore and Ohio Railroad Company, in the extent of the preparations inaugurated, has fully redeemed every promise made. The magnificent special train, the fast schedule, the stops provided for at particular places of interest, and the details as to meals, etc., en route, must insure beyond all comparison the pleasantest jaunt ever made to any of the Association's meetings. That there may be no possibility of a break in the programme, a general officer of the B. & O. Company will come to Chicago for the express purpose of taking charge of all matters looking to the pleasure of the members and their families. Officers of different divisions and sections will also accompany the party and in nothing will the effort be spared to make the trip one long to be remembered for its success. The special train itself will be a superb one, made up of new and elegant palace sleeping cars with day coach of latest design for the accommodation of smokers, and baggage car. This train will be for the exclusive use of the Association, will take no other passengers whatever, and, making none of the regular stops, will make the run through from Chicago to Washington in about twenty-hours. It will leave the new B. & O. depot, on the lake front, between Madison and Monroe streets, immediately adjoining the exposition building, at 3 p. m., Sunday, May 4., arriving at Washington next day for dinner. Special arrangements have been made for meals en route, and such stops provided as will render the trip a notable treat as re-

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gards centres of picturesque and historical interest. The fame of the B. & O. as the picturesque line of the continent may almost be declared world-wide, while every foot of the way along the Potomac, for hour after hour, is indeed historic ground. Stops will be made at several points in the very heart of the mountain fastnesses of the Alleghanies and the Blue Ridge, while on the Potomac and the Shenandoah brief visits will be made to Harper's Ferry, John Brown's Fort, Jefferson's Rock, and other memorable points. Such an opportunity as is thus offered is not often vouchsafed, and particularly at a lower expenditure than upon a regular train. This agreeable feature is gained in the chartering of the sleeping cars at a rate which saves the holders of each berth upwards of a dollar on the usual fare. Saving is also secured on the cost of meals, but in no wise as to their quality. And if the B. & O. dining halls upon this occasion do not exceed anticipations, it will be more than worthy of remark. The railroad fare is very low, but a trifle—65 cents—more than half of the regular unlimited fare one way, and the ticket good for thirty days.

The necessity will be readily apparent that the names of those intending to go via the special train be sent in without delay, and as a central point it will be best to notify T. H. Dearborn, G. N. P. A., B. & O. R. R., 83 Clark Street, Chicago, inclosing their personal card at the same time. Where officers of different State Associations have provided for such notification, it should be sent them, and they will forward to Mr. Dearborn. First come will be first served, and as the berths are ordered they will be reserved. The railroad company will do all in its power to add to the perfect pleasure and convenience of those participating in the trip, and asks in return only the co-operation of those most interested, and prompt information as to those desiring berths and the number in all, this being requisite for absolute success.

In cases where it is found impossible to reach Chicago in time for the special, choice may be made of any of the regular trains on the B. & O., which leave at 5:10 and 11:10 p. m. daily, and 8:10 a. m., daily except Sunday. The same low rate of fare will be made on these trains as on the special.

The morning train reaches Washington the following day for dinner, the afternoon train arrives the following evening, while the night train from Chicago arrives early the second morning. Through sleepers are attached to all trains, and as the B. & O. is the only direct line from Chicago to the National Capital, the time facilities and accommodations are incomparably the best. For picturesque and historic interest no line on the continent equals it."

BOOK NOTICES.

A TREATISE ON OPHTHALMOLOGY, for the General Practitioner. (Illustrated). By Adolf Alt, M. D. 8vo. pp. 244. (J. H. Chambers & Co., St. Louis, Mo.)

This small work is eminently a practical one, having for its especial scope the supplying of necessary information concerning the eye and its diseases, which may be of use to the practitioner. It is not a book for the specialist, but one which clearly informs the general practitioner of medicine what diseases of the eye he is competent to treat, and in what manner, and what the conditions are which require the services of a skilled specialist. The book is written in a clear and terse style, and the text is liberally interspersed with a number of original illustrations. Dr. Alt has done his work in a workman-like manner, and his book cannot fail to give satisfaction to all those who may have occasion to consult it. We heartily endorse it, and can cordially recommend its constant reading to all physicians who ever have anything to do with the eye. Being a clear and practical treatise, it will find its way, we are sure, upon the reading table of every physician, who is endeavoring to perfect himself in his calling.

The mechanical execution of the book is excellent and attractive, and it will prove ornamental to any book-case.

BOOKS AND PAMPHLETS RECEIVED.

Report to the Secretary of the Treasury on the Administration of the National Quarantine Service and the Epidemic Fund.

Answer of the Supervising Surgeon-General to the National Board of Health.

The Importance of Cleanliness in Surgical Operations. By R. S. Sutton, A. M., M. D. Reprint from Gyn. Trans.; 1883.

ITEMS.

Yellow fever continues to prevail in many South American ports. Our quarantine authorities cannot be too wide awake.

Dr. Lereboullet, Dean of the Faculty of Sciences and Director of the Museum of Natural History, of Strasburg, lately died in that city.

M. Dechambre has lately observed a genuine case of chromidrosis in a young woman lately delivered. The color of the sweat was blue.

The population of France is 37,672,048, of which 1,101,090 are aliens. Of this latter number 77,046 have become naturalized. So says the Progrès Médical.

The American Surgical Association will meet at Washington, D. C., on April 30, and May 1, 2, 3. Papers will be presented by numerous leading surgeons of the country.

The Tennessee State Medical Society has two female members, both residents of Knoxville. At the recent meeting the two ladies were present and took part in the proceedings.

Four or five parts of corrosive sublimate to 100 of glycerine, is recommended by M. Vigier as a substitute for mercurial ointment in parasitic skin diseases. As glycerine is not absorbed by the skin, it localizes the action of the mercury, preventing constitutional symptoms.

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THE WEEKLY MEDICAL REVIEW.

VOL. IX. NO. 18. CHICAGO AND ST. LOUIS, MAY 3, 1884. TERMS: $3 A YEAR.

INJECTIONS OF ETHER are not without danger. Physiologically we have no right to expect they would be. It is not very soluble in the fluids of the body but it has a remarkable solvent power over fatty bodies. At the temperature of the body it has to volatilize and should the track of least resistance lie in the nerve sheath its pressure alone or combined with its marked solvent power over fats might be sufficient to destroy the function of nerve. Whatever the explanation may be three cases of paralysis occurring from its use, hypodermically, are mentioned. One of the fore-arm by M. Arnozan; one of the little finger by the same author; and a third of the leg by M. Charpentier.

CONCEPTION UNDER DIFFICULTIES.—Dr. E. Cass reports a case of a septum having developed, from some inflammatory action in the vagina, about two inches and a half from the vulva leaving only a very small orifice through which the catamenia could find its escape. The mother had discovered it and was rejoiced to think it was to prove an obstacle to further pregnancies. She was mistaken however, the spermatozoa found the aperture and the curtain had to be torn away to give exit to the result.

MULTIPLE SCLEROSIS.—In a clinical lecture on the above subject (Journal de Médecin, No. 3), Charcot says: Anatomically, multiple sclerosis is characterized by a primary abnormal development of the connective tissue of nervous tissue that it may affect any part or the whole of the cerebro-spinal system. The hyperplasia of the interstitial substance, by pressure destroys the nerve substance proper. It presents itself in the form of gray patches, demonstrable in both the white and gray substances. In the cord it affects the anterior part by preference. In loco-motor ataxia the lesion affects the posterior horns, the other lesions being secondary.

In multiple sclerosis the axis cylinder of the nerve fibres may remain intact for a long time and this circumstance explains certain interesting clinical peculiarities; whilst the different seats of its development accounts for the complication of symptoms.

Cerebral, bulbar and spinal phenomena may be exhibited either separately or simultaneously. In lesions of the spine a trembling condition is manifested especially at the moment of any volitional effort, whilst during repose no trembling is manifest. The trembling increases as the desired act is more nearly completed. For example if the patient takes a glass of water to his mouth the oscillations increase in amplitude as the hand nears the mouth. If the head is reposing against anything it is tranquil but if the patient attempts to walk the trembling of the head occurs.

In paralysis agitans the phenomena differ. The trembling is constant and is rather diminished than increased on the supervention of volitional movement.

There exists also a kind of spasmodic paraplegia of the lower extremities. As soon as the foot touches the ground the whole leg becomes rigid. The patient walks on the toes and it is difficult for him to step forward on account of the violent contraction of the muscles. The tendon reflexes are greatly exaggerated.

The cerebral and bulbar phenomena are as follows: Special trouble with the vocal organs. The words are separated one from another and some of the consonants are pronounced with difficulty. The peculiar-

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ity must be confounded with the stammering of general paralysis. Vertigo may be present from the first and often takes a rotary direction. Apoplectiform seizures appear during which the temperature is elevated, whereas in a similar condition from cerebral hemorrhage the temperature is lowered. Loss of memory occurs and an emotional disposition is developed.

The ocular symptoms have considerable interest, the most remarkable of which is nystagmus. As this is relatively rare among other nervous affections, its manifestion is the more important. It is either spontaneous or appears on the occasion of volitional movement. The look (regard) of the patient is vague, differing from the stable aspect of the eyes in paralysis agitans. The reaction of the pupil is curious. In locomotor ataxia the reflex is absent, the pupils are frequently unequal, but dilated or contracted they do not respond to the action of light. They do contract however during the act of convergence. In multiple sclerosis, myosis is almost always the rule, but under the influence of light still greater contraction of the pupil occurs. In ataxia a paralytic, in multiple sclerosis a spasmodic myosis. In ataxia, the blindness is final, whilst in muliple sclerosis it may appear and disappear at intervals. Charcot showed a patient who had been subject to this affection, eight years. He had been blind for five months and had, for sometime past, recovered his sight. In some cases a medullarry lesion may occur and death ensue with all the symptoms of a gloss-labio-laryngeal paralysis.

ANÆSTHESIA WITH ETHER BY THE RECTUM is certainly a novel idea, and if the following which we take from the Bost. Med. and Surg. Jour., is corroborated it will certainly be of great service in certain operations about the face especially in the mouth. We should suppose, however, that it would not be practicable in operations of abdominal section.

"A note of etherization per rectum, which, so far as we know, is quite a novel device, is published by Dr Moliére, senior surgeon of the Hôtel Dieu at Lyons, in Lyons Mèdical (March 30th). The idea was first suggested to the writer by Dr. Yverson, of Copenhagen, who, at the conclusion of a visit to the Lyons hospital, asked what anæsthetic was used there. To the answer, ether, he asked how how it was administered, by mouth or by rectum. This question was the cause of the experiments detailed. The first operation in which this method was used was upon a young girl of twenty, and was for the removal of a tumor in the parotid region. The ether was insufflated to the bowel by an atomizer, giving a mixture of air and ether. No sign of anæsthesia appeared for ten minutes. The patient then declared she felt a strong taste of ether in the mouth, which was confirmed by the odor of her breath. She then began to sob and to talk incoherently. A few drops of ether were then held before the nose, and she almost instantly fell into a deep sleep. The operation was performed without the inconvenience of a respirator. On the removal of the rectal canula at the close of the operation the patient awaked. The quantity of ether absorbed had been very small.

In subsequent cases a rubber tube of the size of the finger was introduced into the rectum and conned with a flask of ether which was plunged into a vessel of water at 50° C. The ether boiled, and its vapor passed into the bowel. In the second of the cases described, in five minutes the signs of ether intoxication were present, but as the patient then got up the anæsthesia was completed by inhalation. In the third case, where a finger was to be removed, perfect anæsthesia was secured by the rectal administration of the drug. Auscultation revealed the passage of bubbles of ether in the intestine, and the odor of the drug was distinct in the breath. At the most ten grammes of ether were used. No nausea or vomiting occurred.

As the result of the experience of Dr. Molière he concludes that this method of administration is likely to prove of great service. It suppresses, he claims, the period of excitement (this was especially noted in the case of a hard drinker, where experience teaches us

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usually to expect considerable excitement). It allows the quantity to be taken to be accurately measured, and reduces the amount necesssary to a small quantity. It leaves the surgeon untrammeled by sponges and inhalers when operations are to be done on the face or mouth. It removes the disagreeable effects of inhaling the vapor. Further experiences of the method are promised us, and they will be awaited with interest.

PATELLAR-REFLEX.—Dr. Baierlacher (Central F. Nerenheilkunde, etc.,) had under observation a case which exhibited a complete absence of the Patellar-Reflex phenomena, but as no other symptoms of tabes-dorsalis manifested themselves—no ataxia, no lancinating pains, uo gastric crises, no changes in the function of the optic nerve or iris—he had excluded tabes dorsalis. The difficulty from which the patient suffered consisted of diminished sensibility of the integument of the upper part of the legs, great fatigue in walking and inability to sleep. To overcome the latter the patient himself was in the habit of using morphia hypodermically. An accident disabling his hand, Dr. B., was called upon to give him the morphia. Whilst he had for six months previously demonstrated the absence of the tendon reflex, he repeated the observation immediately after giving the morphia hypodermically and to his surpise the tendon reflex manifestation was practically normal. On the next night as he repeated the injection, he examined for the presence of the phenomena immediately before the giving of the morphia when no response was elicited; whilst immediately after the injection the manifestation of the reflex was readily exhibited on both sides. Dr. B., adds that his object in publishing this case is to induce others to make a similar observation on cases of unquestionable tabes as it may prove a means of differential diagnosis of special value.

INVERSION OF THE STUMP in Poro's operation is proposed (Am. Jour. Obstet.) by Dr. A. F. King. He claims for it the following advantages: A better hope of immediate union of the abdominal incision—a more perfect drainage—and if secondary hemorrhage occurs a styptic iron, or the actual cautery can be the better applied.

COURAGE AND CAUTION IN CLEANSING THE UTERINE CAVITY after abortion is inculcated by Dr. David Hugh's (Amer. Jour. Obstet.) He places opiates as better to facilitate the rapid,as well as the less painful completion of an abortion than ergot. He advocates the immediate effort to remove the contents of the uterus which he calls dangerous,if spontaneous dilatation does not occur or if after dilatation the cervix be closed. Artificial dilatation is and must be the first step. The instrument above all for the removal of a placenta is the finger. He questions seriously the ability of general practitioner to so use the curette as only to remove the placenta—if the finger cannot succeed then use the curette—placental forceps are not suited for the removal of adherent portions of the placenta, for shreds, etc., after the removal of the grosser parts he recommends the double intrauterine injection tube as a means of cleansing the uterine cavity.

MYSTERIES OF SYPHILIS.—Dr. W. R. D. Blackwood has proposed two questions as a subject for contributions in the Medical Times, April 19, namely, "Can a Man affected with Syphilis Communicate the disease to a healthy fœtus (previously conceived) without Infecting the Mother?" "Can a Man beget a Syphilitic Child without Infecting the Mother?" To both of these questions Dr. B. responds in the affirmative, his conclusions being drawn from well observed and reported cases. The observation of the quoted cases could not well be better, nor could the facilities afforded the observer have been, in the ordinary course of life, much greater.

Dr. B. presents three cases where the mothers gave birth to unquestionably syphilitic offspring without themselves exhibiting any symptoms of the affection. The first case presenting the conditions necessary to illus-

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trate the first question. We must, however, we think, be careful of an unwarranted assumption in declaring a woman who has been delivered of a syphilitic child as absolutely free from any danger of a subsequent development of syphilis. By whatever means the poison, whatever it may be, affects the healthy fœtus in the womb, it must pass through the constitution of the mother. If it is conveyed through absorption from the semen remaining in the vagina, is it not possible that under those circumstances, the primary lesion being necessarily absent, that the constitutional symptoms may require still more favorable conditions for their manifestations? We have several cases in hand, which, although they are not definite enough to be given to others to substantiate a case, they yet afford us, pereonally, sufficient ground for guidance in doubtful cases. The cases we refer to are those of women from whom no suspicion of syphilis can by any scrutiny be elicited, married to recognized syphilized husbands with either no children, or only miscarriages; who, although they exhibit none of the usual lesions of syphilis; complain of rheumatism, worse at nights, certain wandering neuralgic pains, and sometimes cough, all of which yield only to regular antisyphilitic treatment. Personally, we are satisfied that if the profession carefully looks for such cases, it will not fail to find them. We are not acquainted with the reason why the constitutional developments of syphilis vary so much in point of time and severity with different individuals, but with such diversity before us, it would not be unreasonable to suppose that a modified means of introducing the poison might introduce still greater diversity in its manifestation, both relative to the time of the development and the nature of the lesion. To make our idea more tangible, we will refer to a case which reflection on the questions quoted has recalled. We do not give it as a proof, because the case was not sufficiently under control to permit the necessary facilities. A woman 55 years of age—married at about 23; one miscarriage, one child dead at three months, no other pregnancy. Impossible to obtain any confession of sores on the body or sore throat; no loss of hair, in fact, no need of a doctor at all, only a little rheumatism. At the age of 55 a plastic iritis is developed, which yields immediately to antisyphilitic measures. The eye itself was sufficient to excite suspicion, but on finding the husband had had "erysipelas" (?); had been in an insane asylum twice, was then, although a well built man, almost useless from melancholy and loss of memory, the diagnosis was absolute, and therapeutics verified it. Now, I am sure that if, previous to the attack of iritis, this woman had been examined, even in the face of the uncertain or certain condition of her husband (he absolutely denied any syphilitic affection), she would have been pronounced free from syphilis. After the plastic iritis, however, associated with the rheumatism and the history of her husband, we should not be so disposed to afford her such a clean bill of health. May not the mothers referred to by Dr. B. later on in life manifest similar developments? We hope that an opportunity will be afforded him to watch the cases for a number of years.

Practice of Medicine in Persia is described by a correspondent in the Lancet and Clinic. He states that the natives are a rude, barbarous race and, the lower classes especially, are exceedingly treacherous. It is unsafe to ride into the country unless attended by a guard or well armed and mounted on a fleet horse. While returning from a professional visit of four miles into the country, accompanied only by his servant, the latter was set upon and severely beaten by one of a company of saiids, the privileged class ("sons of Mahommed, etc.") The cause of offense was that the servant had refused him admission to the doctor's office, after the hours for consultation—a great indignity, as he thought, to one of his class. The saiid disappeared, and report of the occurrence having reached the authorities, his house was seized, leveled to the ground and his goods confiscated. Persian food is very poor, indigestible stuff, and the natives show no discretion whatever in what they put into their stomachs. As a re-

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sult, they suffer greatly from dyspepsia. With them all food is divided into two classes, it is either "heating" or "cooling," and this classification is arbitrary and is adhered to with as much confidence as though it were infallible.

There is no such a thing as "the dark science of medicine." It is clear as day to all of them. Everybody thinks he knows all about it. The natives and the doctors, who are mostly of Jewish origin, have the same notions and agree pretty well. Where such general knowledge (?) prevails, it is a confession of ignorance to make anything like a thorough examination. Especially is this true of skin diseases. These are all classed under one head, and one name; "soda" suffices for all. If the physician takes more than a passing glance at them, it is an indication that he knows nothing of the case.

The native physicians know nothing of the science of medicine, and bleed and starve for everything. The correspondent states he usually gets only such cases upon which native skill has failed, and, therefore, many chronic ones. Unless positively contraindicated by the disease or the condition of the alimentary tract, he gives first an almost toxic dose of santonine. This is taken in the morning, fasting, for the people seldom eat before noon. Then follows a calomel purge for evening and an enormous dose (three or four ounces) of castor oil for the next morning. By this the alimentary canal is cleansed of the lumbricoid worms, of which every native has from six to one hundred. He then considers the patient ready to be treated for whatever disease he may have.

The city (Hamadan) is seldom free from diphtheria, at times it assumes an epidemic form. Most of the cases fall into the hands of native doctors and thence go quickly under the sod.

Rheumatism, and malaria prevail in every form and in all stages. There is a good deal of low fever among the children, in part due to malaria and in part to disturbance of digestion.

Syphilis is quite common in every variety and stage. The Persians are vehement in their denials of having ever had such a disease; but improve nicely under specific treatment. He finds no little difficulty, however; in the administration of either mercury or the iodides, on account of the ease with which these people are salivated. In reality, few drugs can be given in American doses, and they must all be administered for the first time at least, with care.

Corrosive Sublimate as a Disinfectant in Obstetrics, was discussed by Keber, of Heidelberg; at a late meeting of the German Gynecological Society. He advises caution in its employment with persons who have been formerly treated in any way with mercury. He now employs a solution of 1: 4.000. The advantages which corrosive sublimate has over carbolic acid is its cheapness, its ready solubility and its oderlessness, besides its being more effective. Kuestner (Jena) had examined uterine secretions, obtaining the secretions of the body and the cervix separate. He found muco-organisms both in normal and pathological secretions, after carbolized irrigations of the uterus, the prompt disappearance of the cocci could not be demonstrated, but they vanished very promptly after sublimate irrigation. Hegar (Freiburg) had observed severe salivation after laparotomy, in which sublimate had been used.

Syphilitic Asthma has been described by Rosenfeld in the Deutsch Medz. Zeitung. It has certain special symptoms. The author has observed in several syphilitic patients, attacks similar to those of cardiac asthma, and which he considers to be directly dependent upon syphilis. Individuals that are healthy are seized, without apparent cause, at night, with a violent dyspnœa, which does not seem to be due to any respiratory obstacle. Nothing abnormal is manifested in the lungs or heart, the pulse is generally frequent, sometimes irregular and intermittent. The attack may last a few minutes or even hours. In two cases which died, a post-mortem examination revealed gummata in the myocardium. The treatment, which seems to give good results,

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consists principally in large doses of iodide of potassium for a long time.

THE REGULATION FOK THE PRACTICE OF MEDICINE is at present occupying the attention of the profession in France, and it is probable that something will be done in this respect. The Association Général de Médecins has proposed a number of laws, among which are the following: To provide a special diploma for dentists; to permit holders of foreign diplomas to practice only after having passed an examination before a faculty of medicine; to prevent the practice of medicine and pharmacy by the same individual; the illegal practice to be made punishable; in the police and criminal courts, etc., etc. If our medical confrérs have as much trouble and annoyance attending their efforts to put down quackery and charlatanism as has attended us in this country, their day of emancipation is far off yet.

THE LOUISIANA STATE BOARD OF HEALTH has recently been reorganized by the election of several new members and the selection of Dr. Joseph Holt as president. The board now consists of Joseph Holt, M. D.; J. C. Faget, M. D.; L. H. Von Gohren, M. D.; L. F. Salomon, M. D.; S. R. Olliphant, M. D.; Charles E. Kells, D. D. S.; Walter M. Smallwood, Esq., Joseph A. Shakespeare, Esq., and F. Formento, M. D., (resigned.)

The present attitude, and future policy of the new board is expressed by the following resolutions, which we think of sufficient interest to publish in full:

Fully recognizing the wisdom of the quarantine laws of this State, the necessity of their rigid enforcement, and the great importance of securing for this Board the confidence of the people throughout the Valley of the Mississippi.

Resolved, That it is the fixed and irrevocable purpose of this Board to apply quarantine restrictions against all ports where contagious or infectious diseases exist to the limit of the law, and, if necessary, it will advise the total suspension of all communications with such ports while so infected.

Resolved, That while we are guarding with sleepless vigilance the outlets of the Mississippi River, we are not unmindful of the dangers that threaten us from the rear. In more than one instance yellow fever has been introduced into this city and State through the States of Texas and Mississippi. All things considered, the least protected sections are the long lines of sea-coast westward in Texas, and eastward in the States of Mississippi, Alabama and Florida. The approaches from without to this State are through Lake Borgne, the Mississippi River and Berwick's Bay; these we will guard with sleepless vigilance, and while we are doing that we call upon the authorities of the States of Texas, Mississippi, Alabama and Florida to exercise a like effective control over the seacoast in those States.

Resolved, That while this Board will maintain its just prerogatives as a department of the State Government, it invokes the co-operation and confidence of any and all organizations at home and abroad that may be laboring to promote or protect the public health.

Resolved, That recognizing the great importance of securing the co-operation of the Boards of Health of other States, and of other health associations wherever situated, and of establishing a condition of absolute confidence, it is hereby made the duty of the President and other officers of this Board to extend to Boards of Health of other States, and other health associations, unrestricted access to the records and health reports of this Board, as well at the several quanrantine stations as at the central office of this Board in New Orleans; and it is hereby further made the duty of the President of this Board to make public from day to day, as may be necessary, the condition of the public health, and he is hereby specially required, in the event yellow fever should be introduced into this city or State, to communicate such fact without delay to the Exchanges and commercial bodies in New Orleans, and to the Boards of Health of other cities and States.

Resolved, That the co-operation of the several Exchanges and commercial bodies of this city is earnestly solicited in the sanitary work of this Board, and in the proper, intelligent and effective application of the sanitary and quarantine laws of this State.

Resolved, That while tendering to other boards and health associations generally, at home and abroad, the courtesies and confidence of this State Board of Health, we solicit the like consideration of the boards of Health and health associations of other States, to the end that confidence may not only be

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reciprocal, but established on a firm and enduring basis.

Resolved, That having thus declared our purposes and the policy of this Board, it is expected that no credence will be given, at home or abroad, to any reports respecting the state of the public health in this city or State, that are not sanctioned or verified by the action of this Board, or of its duly appointed officers.

A GRACEFUL ACTION on the part of a recipient of high honors, in our profession, from royalty was the manner in which Prof. Frerichs in Berlin recently accepted his elevation to nobility. About the middle of last March he was made a nobleman by a decree of Emperor William, of Germany. A few days afterward, in his clinic, he said to his audience that he was compelled to accept the proffered honor, because a refusal would be considered a breach of good breeding, if not an insult by the high donor. But, said he, I accept it not as a mark of distinction for me personally, I look upon it as an honor which reflects credit upon our profession, and as such I have accepted it.

PROGRESS OF DEVELOPMENT IN CHILDREN.—Prof. Demme of Berne characterises the Development of physical and mental growth in children thus: (a) very stongly devoloped sucklings will balance the head well in the twelfth or in the fourteenth week; (b) children of medium strenght in the fourteenth to sixteenth week; and (c) weak children in the eighteenth to twenty-second week. That(a) can stand, when supported, in the thirty-fifth to thirty-eigth week, and entirely alone in the fortieth to the forty-second; (b) not till the forty-fifth or forty-eight week, and (c) in the first part of the second year. Children who have older brothers and sisters learn to walk much better and earlier than those who have none, earliest at the end of the ninth month, often between the twelfth and eighteenth month. Children begin to speak at the end of the first or beginning of the second year,—boys later than girls,—and to relate what they have seen or done only at about the end of the fourth year.

CONTRIBUTIONS.

SIX CASES OF INTRAUTERINE TUMORS.

[With Seven Illustrations.]

By AUGUSTUS C. BERNAYS, A. M., M. D., Heidelberg, M. R. C. S., England, Prof. of Anatomy and Clinical Surgery at the St. Louis College of Physicians and Surgeons, Etc.

Each one of the following six cases of non-malignant, intrauterine, myomatous tumors seem to offer interesting points and all of them having occurred in the practice of Dr. Geo. J. Bernays or in my own, since my return from Europe, gives me an opportunity of describing the method of treatment employed in each case. The six cases are very different in their clinical aspects, and have required different methods of treatment. A detailed account of each case would require more space than can be alloted to me here. I therefore submit the following six sketches, being well conscious of the fact that great brevity is often achieved only at the expense of scientific accuracy.

CASE I.—Mrs. S., æt. 39. Came under treatment in March, 1879, and gave a history of suffering extending over a period of three years. She was much weakened by a constant watery and very offensive discharge and from the effects of periodical hemorrhages. She stated that she had passed as much as a gallon of blood at her last menstruation and indeed I found her very anæmic at this first examination. I learned also, that in all she had about nine severe hemorrhages, but that some of her very irregular menstruations had been about normal. During the last nine months however, she stated that each menstruation had been accompanied by severe pain "as if I were having a miscarriage" and she was compelled to have a medical attendant each time. During the first years of her married life she had four miscarriages, but afterwards gave birth to three children at full term. I could not make out a syphilitic record either in the patient or her husband.

An examination proved the vagina loose and flabby, the cervical portion softened the os wide enough to admit the index finger. Having the patient in Simons' Lithotomy position, the posterior lip was grasped with a strong vulsellum forceps, the womb pulled down and the finger forced into the cavity of the womb. I felt a hard, perfectly smooth round tumor about the size of a large pear which seemed to be attached by a small pedicle not exceed-

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ing a half inch in diameter. The diagnosis was a myomatous polypus with pedicle at or near the fundus.

I advised an immediate removal of the tumor and promised a complete cure if the operation should be successful and be followed by no accidental trouble. Wishing my patient to escape the tortures of another menstruation, I operated the following Sunday morning. Having anæsthetized the patient I was enabled to remove the tumor in the simplest manner after rapidly dilating the canal with my fingers and clipping off the pedicle with curved scissors. There was but little hemorrhage and after touching the stump of the pedicle with powdered alum the patient was placed into her bed and some bromide of potash with ergot administered. She made a good recovery, the womb was contracted to its normal size; after the third day the os returned to its normal size, and after the tenth day the discharge ceased entirely. I considered the patient entirely cured and heard no more from

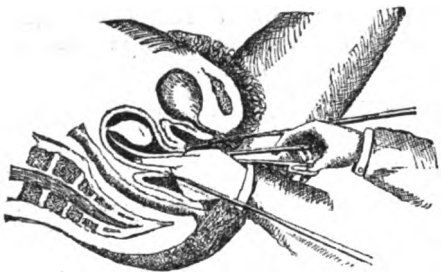

Fig. 1.

her for about eight months, when I was suddenly called out to see her and found her flooding profusely. I made an examination with the finger and found the os and portio soft but not patulous. On introducing a sound I found the womb elongated to three and a half inches and a rather resistent body within its cavity, closely filling it up. I first thought of an interrupted pregnancy about the second or third month, but I was told that the menstruation had been quite regular in fact more profuse the last two times than before, since my operation. I ordered some opium and ergot inwardly and introduced a sponge tent still allowing the possibility of a miscarriage. On my return, after ten hours, found my patient comfortable, flooding reduced to a minimum and on withdrawing my sponge tent, my finger detected a polypoid tumor more than half as large as the one removed eight months ago, and evidently growing from the same spot. I was considerably embarrassed, since I had promised a cure by the operation, and was altogether nonplussed having never heard that myomatous polypi recur. Upon carefully searching through casuistical literature on this subject, I found a somewhat similar case reported by Mr. Hutchinson, in the Transactions of the Pathological society of London, Vol. viii, page 287. This case was also polypoid, not cancerous, consisted of soft fibrillary tissue, was partially removed three times, always recurred and finally ended fatally after three years, there being no metastatic deposits found at the post mortem. My patient recovered from the hæmorrhage and ten days afterward on December 2, 1879, I again removed the polypus which had a somewhat thicker pedicle than its predecessor and somewhat softer. I then, with a large, sharp curette, scraped its place of origin most thoroughly, in fact I tried to scrape away a part of the normal tissue, and lastly tightly pressed a cotton tampon of corresponding size moistened with pure nitric acid upon the roughened spot under guidance of the finger, being careful not to burn any other portions of the cavity. The patient made an excellent recovery and has had the good fortune to remain free from any further troubles up to the present time. A careful examination of the two tumors show them to be identical in structure both being submucous, myomatous polypoid tumors. Both are covered by a thin mucous lining which shows but few glands, being quite smooth. The second tumor consists almost exclusively of nonstriated muscular fibres and but very little connective tissue, whereas the first tumor, which had probably grown much slower, shows some thin layers of fibrillary connective tissue between the massive muscular tissue.

I have been able to find several other cases, which are called recurrent fibroma or fibromyoma in literature, besides the one mentioned above and often quoted in the textbooks—one treated by Atlee in 1846, and one reported by Dr. West, autopsy by Mr. Callender (Path. Trans. Vol.ix, page 327), seem to be instances of sarcoma of the uterus. Both tumors removed by me are clearly myomata, and this fact will seem to militate against the theory of recurrence. Some might prefer the hypothesis that the second tumor was another distinct tumor which had been submucous or instertitial until the removal of the first and only developed after its removal into a submucous *polypoid* myoma.

Case II.—Mrs. H., æt. 28, very corpulent, but of anæmic appearance sent by her family physician from Trenton, Ill., in September, 1880, with the diagnosis of intratuterine tumor. An examination proves this diagnosis

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to be correct, and shows a myoma larger than a goose egg completely filling the uterine cavity, and the mouth of the womb as wide open as a silver quarter, the vaginal portion very short and soft. The hæmorrhages have only been very troublesome during about seven months. The removal was performed on September 20th, and I found the tumor attached by rather a broad pedicle near the fundus and on pulling it down forcibly the fundus became partially inverted. I may say that this was a very fortunate accident, for when I had cut the tumor nearly off with a strong curved scissors, there was suddenly a fearful gush of blood covering up the entire field of operation so that unless I could have totally inverted the uterus as I immediately did, I should have had great difficulties in controlling the hæmorrhage and might have had to resort to the very obstetrical but very unsurgical plan of plugging up the womb with cotton tampons. As it was the portion of the tumor still attached to the fundus

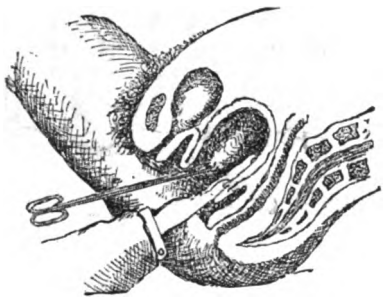

Fig. 2.

served me well in my trouble and after the inversion of the fundus into the vagina the bleeding immediately ceased. Had I now simply cut off the polypus and let the wound slip back I might have had a return of the gush and probably would have placed the patient into great danger. I made an application of the actual cautery, (which should in some form or other always accompany the surgeon when operating about the womb,) to the entire surface from which the myoma grew. After having made an application of carbolized oil to the inner surface of the womb I slowly slipped it back into its proper position, administered opium and ergot and had the pleasure of seeing my patient recover handsomely and leave for her home on the sixteenth day.

Case III.—Mrs. A., 53 years of age, colored, very ignorant, gives but an unreliable history and is altogether mixed up as to dates. Tumor has probably been growing for from six to eight years and has now reached the size of a child's head three or four years of age. The tumor completely fills up the uterus and vagina. The labia are large and œdematous the bladder and rectum are both compressed. The fact that it is almost impossible for the woman to have a passage of fæces is probably the principal cause of her consent to have an operation for the removal of the growth performed. An examination soon demonstrates the impossibility of making a diagnosis in regard to the origin or the pedicle of the tumor, if there be any, since I could not even force two fingers along the side of the myoma into the upper portion of the vagina. By means of probes, I could make out that the os and portio were

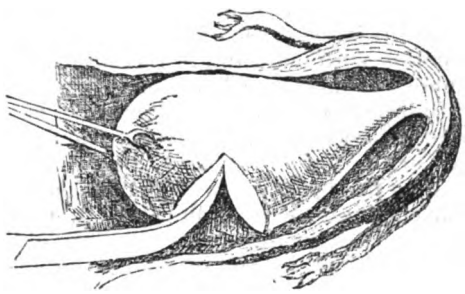

Fig. 3.

Fig. 4.

Fig. 5.

completely distended or rather were entirely used up in forming the walls of the cavity wherein the tumor lay. See Fig. III. I determined to use a method for removing this large solid tumor, which was first described by my most revered teacher the lamented Gustav Simon of Heidelberg, and was called the operative elongation of voluminous fibrous polypi of the womb (Monatsschript für Geburtskkunde, 1862, Vol. xx). The method is very readily understood by a glance at Fig. III., IV and V. It became evident to me that I could by these incisions upon opposite sides quickly lengthen out the tumor in such a manner that I could pass my hand up and ascertain the location and size of the pedicle, this done a wire ecraseur was thrown around the pedicle which was about the size of a broomstick and the operation thus finished. The negress left her bed against my orders

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on the third day and not feeling at all ill went at her usual occupation of washing and ironing on the seventh day and is in good health at the present time. The tumor weighed nine lbs. and was a very vascular myoma.

CASE IV.—Mrs. L., 36 years of age, good family history, has given birth to two children, the youngest being now 7 years old, complains of a sense of pressure or bearing down, a fullness in her hips, pains in back and profuse leucorrhœa. Her pains are very much aggravated during and after menstruation. Examination shows a flabby vagina, mouth of the womb soft and discharging a viscid, slimy fluid, womb very much enlarged, seems to fill out the excavatio sacralis. The probe passes into the cavity a distance of five inches, and it now becomes evident that a tumor, either in Douglas cul de sac or within the rear wall of the uterus is the cause of complaint. An examination with one hand in rectum makes the diagnosis of intra-mural-myoma very probable, but in order to exclude a retrouterine haematocele with certainty, we made several punctures with a fine troicart. The result was that the tumor proved to be solid, and thus the haematocele was excluded. Dr. Geo. J. Bernays treated this patient with injections of Squibbs' fluid extract of ergot twice a week for about five months, but was not successful in his attempt to thus reduce the tumor in size. This treatment, however, seemed to me to cause the tumor to move downward, and to approach the mucous surface of the uterine canal. I now proposed an operation for the removal of the tumor by enucleation, because this seemed to me the only chance of alleviating the constant suffering. The patient also seemed to be in danger of becoming a morphine consumer. After about two weeks of deliberation, she consented to go to Pius Hospital, and on June 16th, 1881, I performed the following operation: Four days previous to the operation I commenced to dilate the uterine canal with sponge tents which I had especially made by Mr. F. Sennewald, of this city, out of the finest quality of carbolized sponges. The largest one, which I removed immediately before operating, was three-fourths of an inch in diameter in its compressed state, and had dilated the uterine canal to a diameter of at least one and three-fourth inches. The patient being in deep narcosis from chloroform, I pulled down the thick lips of the womb with strong vulsellum forceps as near to the vulva as was possible, an assistant pushing the womb downwards from the abdomen. I then introduced a long-bladed knife into the canal, and made an incision through the rear wall of the womb and into the tumor, cutting entirely through the posterior lip and also about one inch and a half into the posterior vault of the vagina exactly in the median line. This incision was at least six inches long and extended over one-third of the circumference of the myoma. I now grasped a firm hold upon the solid tumor, after pushing apart the two thick lips of the vagina. By means of bent periostal elevators and strong spatula-shaped instruments, but more especially by efficient digging with my fingers, I succeeded in rolling out the entire tumor. Its weight was one pound and fourteen ounces. A histological examination proved it to be a pure myoma of very dense structure. The cavity wherein it had grown contracted to about half its original size before the patient was put to bed. I made ice-water injections, and upon the suggestion of Dr. Bernays, Sr., put six stitches into the anterior end of the cut,

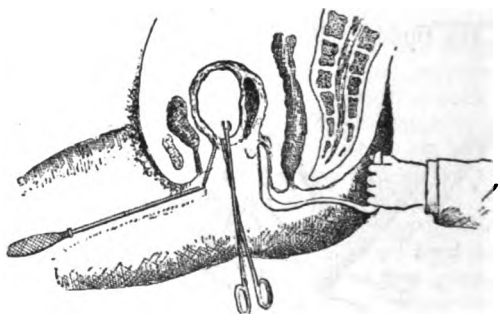

Fig. 6.

using fine cat-gut sutures, so as to avoid the necessity of afterwards removing them from the uterine canal, which I judge would have been very difficult, if, indeed, feasible, at all. The lower end of the incision was left open so as to allow free drainage. I had the vagina injected with carbolized water twice daily, but when examining my patient upon the third day, I found a very offensive discharge and complaints of severe periodical pains. On introducing my finger into the cavity, I detected a coagulum, which had begun to putrefy. I removed this with a large scoop and injected the cavity with a solution of chloride of zinc. The healing process thereupon passed off without an elevation of temperature, the patient leaving for her home on the twenty-second day. Fig. 6 is a drawing of a section in the median line representing this case.

CASE V.—Mrs. A., 42 years of age, mother of four grown children, Italian, had always been in good health, came under my observation in November, 1882, had been treated at various clinics, and knew that she had a tumor

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of the womb, had been told that nothing but an operation could help her. An examination showed that there was a tumor in the anterior wall of the womb, hard and of about the same size as the one just described. This patient, however, had severe hemorrhages. The fundus of the womb could be easily felt through the rectum, the tumor forming a round, hard surface in the region of the bladder, reaching somewhat above the symphysis. I was afraid that enucleation in this case would be very difficult on account of the thin layer of normal uterine tissue separating the tumor from the bladder and the peritoneal cavity. Fig. 7 gives a diagram of a section through the median line as we found the anatomical relations at the operation. The operation was performed at the woman's home on December 12th, after I had prepared her as in the former case, by means of large sponge tents. The operation was exceedingly difficult and bloody, and lasted nearly two hours. I found it very difficult to draw down the womb with the tu-

Fig. 7.

mor, and I could not make a large incision on account of the danger of wounding the bladder. The myoma was much softer than in the former case, and my instruments used for making traction tore out several times, causing great delay. The tumor was not smooth, but seemed to be grown into the walls of the womb by flat, lumpy tuberous excrescenses, which were very difficult to loosen. I finally resorted to the ecraseur and, contrary to the rule, very rapidly constricted or mashed off large pieces with this instrument, until I had reduced it in size to about one-half. I now succeeded in pulling out the rest with my hand. This patient had a very slow and complicated recovery. She had high fevers, temperature of 104½°, and pulse often as high as 120. There was a severe pelveo-peritonitis, cystitis and metritis. But after nine weeks of the most trying and exhausting suffering, she finally recovered, and was able to attend to her household duties. She now has a complete anteflexion of the womb, her bladder will not hold more than a wine-glassful of urine. At an examination that I made recently before a class of students, we found the fundus of the womb bent forwards and apparently attached to the symphysis pubis, the vaginal portion being hard and small, the os pointing forwards and upwards. She has a great deal of pain at each menstruation, but being now about the time of climacteric involution, we may hope that this suffering will soon be over.

CASE VI.—MRS. W., living at No. 1308 Biddle street, came under the treatment of Dr. Bernays, Sr., in September, 1882, an examination at that time detected a tumor about the size of a fist in the right parametrium, firmly attached to the womb, and moving with it. The sound proved that the cavity was three and one-fourth inches long. No menstrual molimina, no hemorrhage. In order to exclude a cyst of the ovary or of the broad ligament, a puncture was made with an aspirator. Diagnosis: Myoma interstitialis. Treatment: Iron internally and injections of fl. extract of ergot into the tumor or the substance of the womb. This was continued twice a week for some months (about four) with the effect of reducing the size of the tumor considerably. In the spring of the next year the patient concluded to go to the country, and took with her a solution of citrate of iron and quinine, to which some fluid extract of ergot was added. This mixture is a good tonic, does not precipitate, and as I have frequently seen good results in other diseases of the womb, for instance, in chronic metritis with enlargement, I will give the formula.

℞. Ferri et quinæ citr. - ℥iii.
Elixir. simpl. - - ℥v.
Extr. fl. ergoti, O. W. L. ℥i.
M. S. A teaspoonful three times per day.

After the return of the patient from the country, I made an examination, together with Dr. Bernays, Sr., and we could find no trace of the tumor. I have given this history, well knowing that we ought to be very cautious in believing reports of cases where a disappearance of solid tumors after medication, or perhaps spontaneously, is claimed. Nevertheless, I feel it my duty to report this case, and I am convinced that the observation is correct. There is no lack of corroborating instances in literature.

ST. LOUIS, April, 1884, No. 201 S. B'way.

I take pleasure in expressing thanks to Dr. W. B. Hill for his very artistic execution of my drawings in ink.

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THE APPLICATION OF THE PRINCIPLES OF EVOLUTION AND DISSOLUTION IN PHYSIOLOGY AND PATHOLOGY.

BY FRANK W. VANCE, M. D., MEMPHIS, TENN.

The universal definition of evolution is, viz: Change from the simple to the complex, the homogeneous to the heterogeneous; the independent to the dependent concentration, integration, and *specialization* of components. As the antithesis of evolution, dissolution or degeneration implies: Change from the complex to the simple, the heterogeneous to the homogeneous; the dependent to the independent diffusion, disintegration and *generalization* of components.

As a universal law, the principles of evolution and dissolution may be applied within the domains of physiology and pathology.

By virtue of the law of evolution, gaseous primitives become concentrated into masses of protoplasm. The great loss of volume undergone by the primitives is expended in compounding the molecular motions of the protoplasmic components. The primitive simple translatory motions of the molecules of the gaseous components of the protoplasmic masses are probably converted into complex revolving molecular motions, and in these complex revolving molecular motions lies the potential energy of organic matter which becomes active as functions.

Protoplasm becomes differentiated into specialized structure which contains in itself the necessary mechanism for converting the potential energy of complex revolving molecular motions into modes of motion characterizing the various organic and animal functions. Following the law of evolution, protoplasm, which is the structural base of function, passes from a simple diffused aggregate of incoherent homogeneous independent components to a complex concentrated aggregate of specialized (coherent) heterogeneous dependent components, and function manifested by the structural base follows a parallel course, increasing in complexity, concentration and specialization of heterogeneous dependent aggregates of activity.

Manifestations of life increase in complexity and specializations of vital functions in proportion to the increase in complexity and specializations of vital organization; inversely: Manifestations of vital function decrease in complexity and specializations in proportion to the decrease in complexity and specializations of vital organization. Following the law of dissolution or degeneration, structure and function passes from a complex concentrated aggregate of specialized heterogeneous dependent components to a simple diffused aggregate of incoherent homogeneous independent components. The phases of evolution merge one into the other gradually as also do the phases of dissolution.

In the province of psychology, nervous and psychical organization and nervous and psychical degeneration exemplify the principles of evolution and disolution. The evolution of nervous structure and functions follows the specified course of general evolution, as, also, does degeneration of nervous structure and function follow the specified course of general dissolution. Thus, simple homogeneous undifferentiated diffused nervous substance integrates into complex heterogeneous differentiated concentrated specialized structure while the nervous functions undergo a parallel transformation. This applies to the nervous basis of the higher psychical activities and its functions as well as to the lower forms of nervous organization and function. The increase of the cerebral substance in concentration complexity, heterogeneity, and specialization of integral parts signals the increase of the ideal products in concentration complexity, heterogeneity and specialization. The change from diffusion to concentration of nervous elements is manifested functionally by a parallel change in the nervous actions. This applies to the cerebral elements and ideational products which are ever approaching an increasing concentration. The cerebral elements of the child are comparatively diffused, as is also the ideal products of these elements. Thus space, time, and all objects of contemplation are diffused far beyond the limits conditioned by the mind of the adult. Every one is aware how, in childhood, years seem decades and comparatively insignificant distances elongate into vast extensions as objects of consciousness do in vast dimensions.

Co-existing with this state of diffusion of the cerebral elements and ideal products is the state of comparative incoherence. Ideas lack that definiteness characteristic of the matured psychical mechanism, and are shadowy, vast and vague. But by increasing concentration, and specialization of the integral parts of the psychical mechanism, the ideas become coherent and definite; are from diffused, shadowy forms, crystalized into specialized realistic types.

Psychical degeneration well exemplifies the law of dissolution. Inverting the specified phases of evolution, we witness the dissolution of the cerebral mechanism and ideal products.

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Thus the complex heterogeneous concentrated definite specialized cerebral structure and its complex, heterogeneous concentrated definite specialized psychical products, viz: Sensational ideational and volitional, is converted into comparatively simple, homogeneous, diffused, incoherent, indefinite aggregates of structure and psychical products. Transcending the senses even aided by mechanical ingenuity, as is the minute nervous architecture, we cannot appreciate the degeneration of that structure as following the law of dissolution, although we can its psychical products, but, nevertheless, we may confidently assert that the descending phases of structure is parallel to that of function.

When we turn from specialized systems of function to aggregations of specialized systems of functions or organs, we witness a like application of the principles of evolution and dissolution in their organization and decay.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

Stated meeting, April 12, 1884, Dr. Dudley, President in the chair.

Dr. Ohmann-Dumesnil read a paper on "STIGMA MADIO." (See paper in No. 17, of REVIEW.

DR. WATKINS.—I have prescribed this remedy in upwards of of fifteen cases of renal congestion, also in cases of gonorrhea, and in one case about two weeks of prostatorrhea; I have been very favorably impressed with its action. I have found it particularly effective in cases of so-called lumbago where there is considerable pain in the lumbar region in which the patient shows symptoms of renal congestion. I have also used it in a number of other cases and have always found it to act well. I have, however, always combined with it a small amount of carbonate of potash, and have observed most excellent results from this combination. I used it only in one case of gonorrhea in conjunction with other remedies, besides the usual injections, I found the progress much more rapid than where I had simply used the injection. It is a valuable addition to our pharmacopea. It is used little, I think, by the profession at large.

DR. WILLIAMS.—I wish to report two cases of INJURIES TO THE HEAD. One a young man about 14, from Kansas. About a year ago he was struck over the back of the head with a stick of wood and remained unconscious for three days. Both ears bled freely and when he came to, he found that he was totally deaf. On examination I found both drums had been ruptured, but that both had healed nicely. Evidently from the history it was a case of fracture through the base of the skull; the fracture probably passing through both petrous portions of the temporal bone, involving the labirynths of both ears. He has at present no head symptoms and is apparently well except that at times he has slight headache, He vomited after the injury very freely for some considerable time. The prognosis of course is absolutely unfavorable. He will remain deaf as long as he lives.

DR. POLLAK.—Were not the eyes affected at all?

DR. WILLIAMS.—The eyes were not involved at all. He has perfect vision and never had any trouble.

DR. DEAN.—Was there any ecchymosis of the lids?

DR. WILLIAMS.—None at all that they remembered. He was unconscious for three days, so he does not know whether there was extravasation of blood under the skin of the lower lids or not.

DR. POLLAK.—Was there no paralysis?

DR. WILLIAMS.—There was no paralysis anywhere.

* * *

The other case came from Western Kentucky. Some years ago the patient was struck over the left ear with a stick of wood also; he was knocked down but not seriously hurt, because he got up immediately. The ear on that side bled quite freely at the time, and as soon as his attention was called to his ear he found that he was deaf—but not totally. There was a rupture of the drum although it was not well-defined but the bleeding proved that a rupture had been produced. The interesting feature is the fact that he is not able to tell the direction of sounds. As he expresses it, he is not able to "course sound." It will be remembered that some time ago I reported several cases to this society in which a similar condition existed showing that everybody who loses the use of one ear is not able to tell the direction from which sounds come. This young man noticed this defect immediately after his injury. He lived in the country and is in the habit of hunting a great deal, and says that ever since his injury he was able to hear a squirrel bark but could not find it; he is also in the habit of coon hunting at night and since he was injured he

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says he has to take somebody along with him so as to find the dogs when they find the coon, showing that it is absolutely impossible for a man who has lost one ear to tell the direction of sound. This is a physiological fact that is well-established; two ears are necessary to determine the direction of sound while two eyes are necessary to determine distance; these are physiological facts that are beyond question.

Dr. Jordan.—Mr. President, pertinent to the latter statement of Dr. Williams, I will say, that I have at present a patient who has lost the use of one of his eyes. He is a carpenter, and he stated to me that he on account of this loss had to give up his business: he found his step uncertain; and was afraid if thus exposed he would step off a house or other dangerous place. This evidently proves what Dr. Williams says to be true, that both eyes are necessary to enable one to determine distance. The patient before he lost his vision in that eye never had any apprehension of falling. He was a good hand at his trade and tells me that he was obliged to give it up entirely and engaged in other business, because in the prosecution of that trade he would have to risk his life in going upon houses and other high places.

Dr. Dean.—Two or three days ago, a young man, a railroad engineer, came in the hospital suffering with hemorrhage of the left ear. Having had a series of fractures of the cranium recently, we at once took this to be one. For a day or two there was a very considerable hemorrhage, and I thought there was sufficient evidence of a fracture of the base; but I learned afterwards that he had suffered with ear trouble for something like a year, and as there was no serious flow I had some doubt about there being fracture of the base, although in this case there was ecchymosis of the lids, that however, often occurs, and we are liable to make a mistake in these cases and suppose there is a fracture of the base, when there is not. This patient was also deaf in that ear. * * *

MONSTROSITY.

Dr. Green.—I have a specimen to present. I have nothing to say about it, it came to my office a few moments before I left for this meeting. I regard it as rather an interesting specimen.

Dr. Dean.—This is a case in which the orbits have united early, and the bulbs, projected from the first cerebral vesicle, have coalesced, two corneæ being present. The maxillo-palatine processes of the first palatine arch have united to form the arch of the mouth, and the nasal bones and fronto-nasal processes have been crowded upward. The two sides of this process that should have united with the borders of the maxillo-palatine arch have, instead, rolled inward, and united posteriorly so as to form an apparent organ on the forehead resembling an elephant's proboscis. The nasal pits exist, but there are no posterior nares. The carunculæ and puncta lachrymalia are in part above and part below the bulbs. The fore-brain in such cases is seldom cleft. It is very nearly a Cyclops, and the deformity occurs, in the human fœtus.

* * *

Dr. Watkins.–Eight or nine months ago, the subject of Sponge Grafting was brought before the medical public and was noticed quite extensively; as good opportunity was afforded to try it, I did so, and will now report the result. It was in the case of a man who had been most terribly burned by a gas explosion, his entire face, back, neck, and about a third of the scalp was burned in the first degree, the entire surface of the left arm, also, from the elbow down to the ends of the fingers in the first degree; the inner aspect of the forearm and of the arm was burned in the second degree. Besides these portions there were seven places on the hip and also on the skin that were burned. Most of these injuries did exceedingly well under treatment, except the outer and inner aspect of the forearm and the inner aspect of the arm. I treated the case for four or five weeks, expecting improvement. The patient having an aversion to skin grafting, I tried all means in my power to obtain his consent, as I was very favorably disposed toward this method; but he obstinately refused. I thun suggested sponge grafting. Having obtained the assistance of Dr. Borck, whom I knew was a strong advocate of this process, we made applications of sponge grafts, properly prepared with iodoform; to all those portions that were not healed. We applied those grafts over the entire surface and covered it up with crinoline and absorbent cotton and then bandaged it. The patient rested easily and nicely.

The dressings were not disturbed for about a week; when we took them off, about one-third of the grafts fell off and the remaining two-thirds adhered. The result in this case was very bad. I believe that my patient's recovery was delayed at least three weeks by the application of the sponge grafts; the granulations were very exuberant and appeared to issue from the crevices of the sponge and were interlocked and fastened to it, so that the sponge was fastened to the ulcer, in such a way that we could not get rid

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of it. The only good accomplished that I could see, was at the extreme edges of the wound where the sponge appeared to act as a kind of prop or shore to support the pus, in which no doubt the epithelial cells floated or were carried, and in those places the improvement took place quite rapidly; but the centre of the ulcer—that is of the wound—was the most provokingly slow in healing of any case that I have ever seen following a burn. He was confined some fifteen or sixteen weeks before he could work. We tried it on the shin and it acted there most admirably. To one which was very indolent we applied a sponge graft, and the process of disappearance was very rapid. I do not know whether it was by absorption or not, but this trial did exceedingly well. I believe a regular shin ulcer would have been developed if we had not employed the sponge graft. But I do not want any more sponge grafting in my practice if all cases must result as did this, we certainly favored the case, as far as hygienic principles were concerned, to our very best, and our patient submitted to the process very kindly, favoring us all he could; but in my opinion it is a kind of surgery not to be commended.

Dr. Dean.—I have had considerable experience with sponge grafting—but not enough to speak ex cathedra. I feel confident I have had some good results.

Those who have grafted the epidermis upon ulcers or abraded surfaces know there is a limit to which the epidermis will form, inclosing the ulcer, closing in towards the centre, unless some change takes place in the granulations a little beyond; and in all cases where the skin grafts have been applied and succeeded, it is quite interesting to see the modification that goes on in the surrounding epidermis; it will go on a little way, then go on another quarter of an inch, and form a very good layer. I have seen cases where I could not make a skin graft succeed, and by putting sponge grafts around near the edge, the outer circle would enclose more and more and ultimately I would succeed better toward the centre with skin grafting.

Dr. Lovf.—In the hospitals of Boston and Baltimore I saw a number of cases of grafting of the skin and sponge-grafting also; in the great majority of the cases the surgeons were of the opinion that they were of benefit. They suggested that the sponge be applied in the centre of the field only when there was great loss of substance; that as a rule it is better to apply them nearer the border and so furnish points for granulations to spring up; that the best results were obtained in that way. I think it is with sponge grafting as with everything else, we can only arrive at correct conclusions with regard to its advantage when he have a number of cases from which to compare results. One case is hardly enough upon which to base a conclusion.

Dr. Watkins.—It is not expected that an opinion would be based upon one case. I simply report this case to show the result in that one case; the patient was certainly surrounded with everything that was conducive to success. But I don't see where the real good of sponge grafting can come in. I do not think the sponges can be absorbed, and the granulations will certainly interlock and interweave to that extent that it will be fastened to the ulcer—to the bottom of the ulcer, from which it is difficult of removal. This gentleman carried three pieces of sponge on the inner aspect of the arm where we would suppose the reparative processes would readily take place with greater rapidity than on the outer aspect. I believe that the only sponge grafting will do is, as I stated before, by acting as a prop or shore, or protection for the pus containing the epithelial cells for the regeneration of the tissue lost, which may be floated toward the centre.

Dr. Meisenbach.—Dr. Watkins remarked in reviewing the case that he thinks that the wound was worse than it would have been if the sponge had not been used. I think it is generally accepted as a fact all wounds of any extent where the cutis is destroyed and the infraction on the other tissues has been very deep, that that class of wounds is very slow in healing. I cannot really conceive how the grafting could have retarded the healthy healing of the wounds. All wounds of this character are very apt to become unhealthy; the granulations become degenerated and it is necessary after a time to use stimulant applications, and pressure, in order to keep the granulations within bounds. Really I cannot conceive that the sponge-grafting retarded the healing of the wound to the extent that Dr. Watkins seems to think it did. My experience with these large wounds, especially burns and injuries by machinery, has been that they almost invariably are very slow in healing under any form or process of treatment.

Dr. Watkins.—I claim the sponge retarded the healding of the wound simply by acting as a foreign body, being fastened to the floor of the ulcer. The skin had formed and crept up close to this sponge and there stopped, and the sponges were so fastened to the floor of the ulcer—tied down so to speak, that it was a very difficult matter to remove

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them unless by cutting them out with a knife.

DR. DEAN.—How large sections of sponge were used?

DR. WATKINS.—Pieces about the size of a quarter of a dollar, and cut very thin.

DR. DEAN.—I always use very small pieces and leave spaces between them.

DR. WATKINS.—We used them of all sizes

* * *

PTOSIS IN PREGNANCY.

DR. MEISENBACH.—I have had under observation a very interesing case; I have never seen its parallel; perhaps some of the gentlemen have, however, and may be able to throw some light on it. A lady, perhaps 40 years old, in her second pregnancy, came into my office suffering with a severs ptosis of the left eye. She stated that during her previous pregnancy the same condition had supervened and had again disappeared after the delivery of the child. Two weeks after delivery I discovered that the ptosis had disappeared. The cause of this no doubt was reflex irritation; reflex nerve action. Thus far I have found no parallel case, but perhaps some gentlemen present may have seen a similar case.

DR. WILLIAMS.—I suggest that in the case that the doctor refers to, that the trouble was not reflex paralysis; but was probaly due to a congestive condition about the head produced in connection with the pregnancy. So far as I know we do not have paralysis by reflex irritation. I would infer from the fact that the same condition was present in the previous pregnancy, that it was caused by some trouble in the head which interfered with the action of the elevating muscle of the lid so as to paralyze it. As soon as the delivery occurred this condition, whatever it was, disappeared and the muscle regained its natural condition.

CHICAGO MEDICAL SOCIETY.

Regular annual meeting of the Chicago Medical Society was held April 7th at the Grand Pacific Hotel, the President, Dr. D. W. Graham, in the chair.

The time was wholly occupied in the transaction of routine business, reading the reports of secretary, treasurer, and library committee, the election of officers and delegates to the American Medical Association, and the Illinois State Medical Society.

The officers for the ensuing year are: President, Dr. D. A. K. Steele; 1st Vice-President, Dr. C. W. Purdy; 2d Vice-President, Dr. C. T. Fenn; Treasurer, Dr. E. F. Ingals; Secretary, Dr. L. H. Montgomery.

The report of the committee on library showed an increasing interest in this direction. A donation, among many others, was made by Mrs. G. C. Clarke of 62 bound volumes, being a portion of the library of her father, the late Dr. J. W. Eldridge.

Chicago Medical Society held its regular meeting at the Grand Pacific, April 21, the president, Dr. A. K. Steele, in the chair.

Dr. Adolphus read a paper on "The Lacerations of the Perineum" and how to prevent them. Dr. A., called attention to the various circumstances which are the most likely to favor laceration and desired special attention to the necessity of relieving the soft parts of any serous effusion by slight incisions, of a timely assistance to the movement of the head by the insertion of the fingers into the rectum and to the value of lateral incisions in the case of an imminent danger to the perineum which will occur in some cases in spite of all that can be done. Special attention was also directed to the passage of the shoulders as likely, unless special care be taken to effect a rupture even after the head had been born without solution of continuity.

The discussion was participated in by Dr. Nelson, Jaggart and Foster.

Dr. E. C. Dudley exhibited a multilocular cyst of ovarian growth which had ruptured and redeveloped twelve times. The interesting feature about it was that it had ruptured so frequently and after each rupture the fluid seems to have been rapidly absorbed by the peritoneum, and this was associated with an unmistakable increase in the flow or urine. Another feature of interest in the case was that notwithstanding the frequency of the rupture there were no adhesions whatever. Dr. D., called attention to the fact that very little value relative to the presence of otherwise of adhesions could be placed on the history of the bursting of tumors.

Dr. Purdy read a paper illustrating the use of the various test papers introduced by Dr. Oliver of England, in order to determine the presence of albumin and sugar in the urine. Delgates were also appointed to the Illinois State Medical Society.

Vaccine Powder.—Reissner, supported by Dr. D. V. Hager, advocates the use of dried vaccine powder as preferable to the present mode of applying the vaccine lymph. They claim to be able to vaccinate 3.000 people with the lymph from one heifer, and that prepared in the way they suggest, by dessication with sulphuric acid, it is less likely to give rise to dormant affections. When required for use the powder is mixed with glycerine.

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CORRESPONDENCE.

NEW YORK LETTER.

To the Editor of the Review—The profession has been somewhat exercised of late over the proposed legislation at Albany on various medical matters. The discussion in the State Society over the threatened bill to create an examining board, with power to grant diplomas, in place of the college faculties, has only just been unfavorably acted upon, through powerful influence of those interested in keeping matters as they are, and settled safely, (for the colleges) for a year at least, when the bill to charter a college of midwifery comes up to try the souls of those who desire the best good of the community and the profession. A college of midwifery, recently started, with which two of our gynecologists were connected, committed moral suicide by sending out circulars bidding for patients, and offering a commission on each case to the person sending it in. The two gynecologists, to whom the project of the circulars was unknown, immediately resigned, and the college sank out of sight, for the time being, under the disfavor of the profession. Now, however, its projectors have applied for a charter, and the discussion of this question took up a large share of time of a medical society at a recent meeting. The sentiment of the membership, with but one exception, was against midwifery colleges on general principles, and this one in particular. The fact brought out that one-third of the confinements here last year were attended by midwives was considered no argument in their favor, considering the fact that there were in that year two hundred and sixty-nine cases of puerperal fever, to say nothing of accidents during labor. The tendency of midwives to steal cases—not of confinement, but of ordinary sickness—was also dwelt on as a practice likely to work injury to the profession. The feeling was strong that a resolution asking the assembly to delay action, until the societies could be heard from, was adopted, and a committee appointed to proceed to Albany that night, to work against the bill. It is to be hoped that such prompt action may kill the bill before it goes further.

The subject of the treatment of urethral strictuses by electrolysis, brought forward some time since, is attracting renewed attention. The method has so much to recommend it, that it is thought that electricity will work quite a revolution in urethral surgery. The process consists in the introduction of a straight electrode, shaped much like a sound, down to the face of the stricture; the other, a common sponge electrode, is placed on the thigh or abdomen of the patient, and a mild current of a few cells—say four—turned on, the number of cells being gradually increased up to seven or eight. The patient feels only a tickling sensation, and the electrode passes the stricture in from ten to twenty-five minutes. This process can be repeated at different sittings, to render the canal perfectly clear. Its advantages are its painlessness, if carefully applied; its effectiveness, as the strictures do not re-contract, as after ordinary internal urethrotomy; and the economy of time to to the patient, as he can attend to his business during treatment, and does not need to be laid up a single hour. It is now proposed to use the same method in fibrous strictures of the rectum, a suitable electrode being used for this locality.

Attention has lately been called to œsophageal surgery by the recurrence of several cases at one of our city hospitals, and the publication of two articles on the subject some time since, by one of the leading surgeons, who also has had charge of these cases. The cases are especially interesting, as they have called up this same subject of electrolysis in treating œsophageal stricture of fibrous, non-malignant character, and it is probable that this form of treatment will soon be tried. Theoretically, it is as promising of success in these strictures as in those of the urethra, and in fact it is not all theory, even now, for Bœckel reports two cases in the Gazette Médicale de Strasbourg, in which a cure was effected by electrolysis, a copper ball being passed down to the stricture and connected with the negative pole, while the positive electrode is placed over the eighth rib a little to the left of the vertebral column.

A new feature in the work of our medical societies is to request medical men generally to send monographs on some specified subject—the collected material being read by the secretary of a meeting, whose special object for the evening is the consideration of that subject.

For instance, at a recent meeting, the monographs on intestinal obstruction were so valuable, interesting and concise that they are to be published and distributed. This method of work has the excellent feature of cutting off long-winded discussions, and every article is valuable, as the secretary simply omits the reading of those not of scientific accuracy or interest.

A. W. H.

New York City, April 24, 1884.

ERUPTIONS FOLLOWING INTERNAL USE OF BORAX.

To the Editor of the Review.—Will you kindly grant me the use of your correspondence columns, to request from any physician, who may have observed squamous or other pathological conditions of the skin, following the internal administration of borax (whether for epilepsy or not) very brief notes of the cases for publication?

Treatises upon diseases of the skin do not appear to recognize such conditions, yet they have been observed in England by Gowers, and other writers upon mental and nervous diseases, as also in Boston, in this country.

Very respectfully,

EDWARD WIGGLESWORTH, M. D.

79 Boylston St., Boston, Mass.

THE THIRTY-FIFTH ANNUAL CONVENTION OF THE GEORGIA STATE MEDICAL ASSOCIATION assembled at Macon Wednesday morning, April 16, President Dr. K. P. Moore, of Macon, in the chair. Prayer was offered, and an address of welcome delivered by Dr. W. F. Holt, of Macon, which was responded to by Dr. L. B. Alexander, of Forsyth. The president, Dr. Moore, then delivered his retiring address; the incoming president, Dr. A. W. Calhoun, of Atlanta, delivered an address on "School Hygiene, in Relation to its influence upon the Vision of Children." A large number of members registered their names, and letters and telegrams were read from absent members.

A letter was read from Dr. J. P. Logan, of Atlanta, chairman of the committee on inebriate

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asylums; he stated there was no ground to hope for action from the legislature; he had approached members, but was unable to obtain any encouragement.

Dr. H. V. M. Miller, of Atlanta, made a verbal report as chairman of the committee on expert testimony. He was satisfied that the views of the association in regard to this subject could not be secured by legislation, and stated that the principle obstacle in getting the subject acted upon by the legislature was that the members regarded any action in that direction as special legislation. He submitted at the same time a verbal report on anatomical procurement. He reviewed the subject, and gave the status of the matter, together with its past and present shape before the legislature, and the cause of the veto of the last bill by the Governor. The question stood in the main just as it did before the introduction of the bill. He recommended that the bill be redrafted, and the question persistently urged before the general assembly. He thought it would be a good idea to incorporate a clause,authorizing to be turned over to the medical institutions the unclaimed bodies of all persons for anatomical purposes.

On the report of the committee of censors, a large number of new members were elected.

Afternoon Session.—The committee on publications reported. Dr. Eugene Foster, of the committee on necrology, presented touching and beautiful memorial tributes on the lives and characters of Drs. E. W. H. Hunter, of Louisville; Sterling Eve,of Augusta; J. M. Carlton,of Athens; and L. D. Ford, of Augusta.

Committee on prize essays, Dr. Foster chairman, said that no prizes had been awarded, as the committee did not deem any of the essays received of sufficient merit. He stated that the money, out of which the prizes were awarded,was first contributed several years ago by twelve or fifteen of the members, at the suggestion of Dr. LeHardy, who thought that by offering prizes for essays on special subjects, more interest and livelier work would be secured. The suggestion was adopted, and contributions of $100 were made by several members. He had placed the money out at good interest, and now the accrued usury amounted to about $75 or $80. On motion the president directed the committee to limit the essays to two or three subjects, and announce another competition.

Dr. N. P. Jelks, of Hawkinsville, read a report on Practice of Medicine. In the evening the society visited the Georgia Academy for the Blind, and examined that institution, after which the members attended a banquet tendered the society by the local physicians. The occasion was a most enjoyable one, and numerous toasts were offered and responded to by members and prominent guests.

Second Day.—Minutes were read, new members received, and letters from absent ones read; various committees reported, and routine business transacted. Dr. C. S. Sample presented a report on Surgery. Dr. Nunn, of Savannah, presented a report on Gynecology. Dr. T. F. Walker, of the third district, presented a report on Surgery. Dr. N. P. Jelks presented a report on Practice of Medicine. Dr. Nicollson, of Atlanta, read a paper on Injuries from Railway Trains. Dr. V. H. Talliaferro presented a report on Gynecology. Dr. Mark O'Daniel, the orator for the year, then delivered the annual address, which was listened to with close attention by the society.

Afternoon Session.—Dr. Sheftall, of the 1st, and Dr. Roberts, of the 2d district, presented reports on Surgery. Dr. Gerardine, of the 9th district, read a report on Practice of Medicine in his district.

Under the regular order of business the chair then called for "voluntary papers," when the following were handed the secretary, and read by title:

By A. G. Hobbs, Atlanta: "Jequrity—Its Use in the Treatment of Granular Lids;" by H. J. Williams. Macon: "A Case of Empyemia Successfully Treated by Free Incisions, Constant Drainage, and Antiseptic Injections—Remarks;" by J. M. Hull, Augusta: "Extreme Age, no Contraindicationfor Cataract Extraction, with Cases;" by Eugene Foster, Augusta: "Syphilis as a Sociological Problem—the Opinions and Statements of Herbert Spencer thereon Reviewed;" by J. P. Stevens, Macon. "Animal Fermentation;" by W. B. Parks, Atlanta: "A New Bandage;" by J. W. Flanders, Wrightsville: "Successful Removal of Uterine Tumor per Vaginum;" by J. W. Flanders, Wrightsville: "A Case of Supposed Superfetation;" by J. W. Flanders, Wrightsville: "A Case of Immediate Resection of the Humerus with Union and Subsequent Lengthening of the Bone;" by Dr. H. McHatton, Macon: "Propagation of Leprosy;" by H. F. Scott, Atlanta: "Tobacco Amblyopia, with Cases;" by N. G. Gewinner, Macon: "Treatment of the Placenta after Abortion;" by Dr. F. Eklund, of Stockholm, presented through Dr. H. F. Campbell, of Augusta: "Observations on the Essential Nature of Diabetes Mellitus Vulgaris;" by E. G. Ferguson, Macon: "Nature's Laws;" by C. W. Hickman, Augusta: "Mitral Insufficiency;" by J. McGaston, Atlanta: "Explanation of the Pathology and Therapeutics of the Nerve Centres—Especially Epilepsy;" by T. M. McIntosh, Thomasville: "Cases in Surgery;" by H. V. M. Miller, Atlanta: "The Effects of Altitude in the Treatment of Consumption;" by Dr. W. O'Daniel, Bullards: "Plaster-Paris Apparatus in the Treatment of Fractures."

The nominating committee presented the following officers for the ensuing year: President—Dr. Eugene Foster,Augusta; Vice-President—Dr. J. B. Roberts, Sandersville; Second Vice-President—Dr. W. D. Bizzell, Atlanta; Unexpired Term Censor—Dr. H. F. Campbell, Augusta; Dr. J. Gerdine, Athens; Censor—Milo G. Hatch, Tennile.

Third Day.—Various committees reported, and routine business transacted, the remainder of the morning session was devoted to the discussion of medical topics. In the afternoon additional papers were read and discussed. Dr. J. B. Baird, of Atlanta, was announced as the next annual orator, and delegates to the Ameriean Medical Association were appointed.

After passing the usual complimentary resolutions, the society adjourned to meet at Savannah, on the third Wednesday in April, 1885. The meeting was largely attended, and was a successful one in all respects.

THE ANNUAL MEETING OF THE MICHIGAN STATE BOARD OF HEALTH was held at Lansing April 8, 1884. Reports of the sanitary condition of the Wayne county poor house and asylum, and of the Barry county jail were made by the committee who examined these institutions. A paper prepared by Dr. C. P. Pengra was read, which gave results of investigations relative to

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the purification of water by freezing. As a result of a series of elaborate experiments conducted in the university laboratory, Dr. Pengra found that, contrary to the general impression, freezing does not render water pure. Ordinarily he found less infusoria and bacteria in ice than in the water from which it was frozen, but the ice contained them in numbers sufficient to preclude its use. In harvesting ice the greatest care should be taken to get it from a pure source. The secretary presented a summary, compiled from lists of medical practitioners, registered under the new law. The number of counties in the State is 80, from 76 of which reports have been received. The number of registrations returned is 3,285, but in some cases physicians are registered in two or more counties. The number reported to have graduated is 2,351; those who had attended some college, but had not graduated, 208; those who had attended no college, 726. The number belonging to all schools, reported as having graduated, is 72 per cent. of the whole number; the non-graduated collegiates are 6 per cent., and the non-collegiates are 22 per cent. of the whole number. The "graduates" are from all classes of medical colleges, hospitals, medical societies, etc. The number of different "schools" of medicine reported in these sworn statements is about 75, including "Cureopathic," "Indian," etc. In at least one instance it is reported that the sworn statement had to be signed by a "mark," the practitioner being unable to write. The number registered as belonging to the four most prominent schools of medicine are as follows: Regular, 1,533; homeopathic, 490, allopathic, 398; eclectic, 366. The proportion of graduates to practitioners is: Regular, 87 per cent; homeopathic, 74 per cent.; allopathic, 81 per cent.; eclectic, 47 per cent. (Of all schools,as above stated. the per cent. is 72). It was decided to print the names and addresses of the health officers in Michigan as soon as full returns are received. The number in the State is nearly 1,400. A new edition of the document on the prevention and restriction of scarlet fever was ordered,the last edition of 30,000 copies being nearly exhausted. It was also decided to publish facts relative to several outbreaks of trichiniasis in Michigan. Resolutions were adopted memorializing Congress to pass the bill introduced into the House Jan. 8, 1884, by the Hon. Casey Young, or of some similar bill, providing for the prevention of the introduction of infectious diseases into the United States, and for procuring information relating to climatic and other conditions affecting the public health. The Board discussed the merits of several textbooks on physiology and hygiene, with special reference to the effects of alcohol on the human system, and approved for use in the schools Martin's "Human Body," briefer course, second edition, containing special chapters on alcohol and other narcotics; and Dr. Eli F. Brown's "Alcohol; Its Effects on the Body and Mind." The amount of office work during the quarter has been large and has included: The perfection of arrangements for holding a sanitary convention at Hillsdale; preparation of the proceedings of the Ionia Sanitary Convention for the printer; the making of a compilation of the public health laws of Michigan; proof-reading on 96 pages of the Annual Report; issuing blanks for the return of the new health officers in each city, village and township in Michigan; issuing the regular weekly bulletins of meteorology, and of sickness in Michigan; the correspondence of the office (postals are not usually copied), covering 750 pages of letter-copying book, of which over 150 pages have direct reference to the prevention and restriction of communicable diseases in Michigan; and the regular computations of data relating to meteorology and sickness.

LEGISLATION FOR THE MARINE HOSPITAL SERVICE.—"The ship owners and sailors have had bills introduced into Congress, repealing the tax upon sailors for the support of the Marine Hospital Service, and ordering that the same be supported by the Government. We would like to see the tax and hospitals both abolished. This entire service is an anomaly in our plan of government. There is no more reason why there should be a series of hospitals for the care of sailors, supported by the government, than that the government should have hospitals supporting railroad men, or the factory operators or any other class of laboring people. Since the government does not do this for all classes, we object to any discrimination in favor of any class. We already have a navy medical service, to care for all the sick sailors in the service of the government. This suffices. Were it needful for the government to extend aid to any class on the water, it were best done by this service. But there is no need whatever. The sailor would be better cared for and be trained to make a better citizen if he were treated like all other classes of citizens. This matter is one of importance, but it will scarcely receive the attention it demands while the government department to which it belongs deems it of such value in enabling it to exert a powerful influence toward the accomplishment of its purposes. In short, so long as it has so large a patronage at its disposal it will have vigorous defenders, for who will not fight for his bread and butter, and find weapons of offense and defense? The reform in this matter must come from those whose interests are not interfered with by the abolition of this service."

—*Detroit Lancet.*

REMONSTRANCE OF AN ASYLUM SUPERINTENDENT on the suggestion of a doctor that those who associate with the insane transmit the disorder to their offspring:

Dear Doctor, I beg you—I pray you—don't tell us
That you really believe in an insane bacilus!
That in mingling with patients we're breathing an air
Full of germs of mad phrenzy and hopeless despair;
That, although our own minds may seem perfectly sane,
Parasitical growths will forever remain
In our system, affecting the blood and the brain;
So that, if by good luck, we ourselves don't go mad,
The child will inherit the germs of its dad!
Already, in truth, are our troubles enough,
Without being told this nonsensical stuff;
In peril from blows, in peril from flurry,
In peril from fire, in peril from worry,
In peril from Lunacy Board and Committee;
Are these not sufficient, dear sir, in all pity?
Forbear then to talk, I beseech you, until I
Have time to examine these wretched bacilli.
But if you insist on such growths diabolic,
Pray send me a bottle of mental carbolic.

—*The Amer. Hom.*

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BOOKS AND PAMPHLETS RECEIVED.

National Board of Health. Remarks before the Committee on Public Health, of the House of Reprerentatives.

National Board of Health. Closing Argument Submitted to the Committee on Public Health, of the House of Representatives.

The Necessity of an Ambulance System in Chicago. By G. F. Lydston, M. D. Reprint from the Chicago Medical Journal and Examiner, April, 1884.

National Board of Health. Closing Remarks before the Committee on Public Health of the House of Representatives. By Dr. James L. Cabell.

Diseases and Treatment of the Heart. By Constantin Paul. Translated from the French. Woods' Standard Library, March, 1884. Pubs.: Wm. Wood & Co., New York.

Modern Sauitation: Some of its Fallacies and Relations to the Zymotic Diseases, with Especial Reference to the Defects of our So-called Modern Improvements. By G. F. Lydston, M. D. Reprint from Chicago Medical Journal and Examiner, April, 1884.

• Conversations between Drs. Warren and Putnam, on the subject of Medical Ethics, with an Account of the Medical Empiricisms of Europe and America. By Frank Hastings Hamilton. Bermingham & Co., New York, 1884. (J. H. Chambers & Co.)

ITEMS.

Prof. Lingi Verdona lately died in Italy.

Zoldt, of Prague, has been called to the chair of anatomy at Vienna.

Peter Squire, the eminent English pharmacist, died recently. aged 86.

Dr. Wood, of Edinburgh, the inventor of the hypodermic syringe, died recently.

Sir Wm. Jenner has again been re-elected president of the Royal College of Physicians.

It is stated that the late H. B. Hulburt has bequeathed $200,000 to the Cleveland City Hospital.

TheNew York Legislature has prohibited the sale of drugs by others than pharmacists and physicians.

The death of Prof. Willard Parker is announced. He was in his 86th year, and one of the oldest practicing physicians in the United States.

Late Russian journals announce the death of Dr. Frese, Professor of Psychiatry, and superintendent of the insane asylum of St. Petersburg.

By the will of Mr. T. G. Appleton, of Boston, the Massachusetts General Hospital receives $5,000, with a residuary provision for a further sum.

Two aged travellers, in Chicago—farmers from the East—have lately been poisoned by the escape of gas into their bed-room. They blew out the gas. One died.

M. Charpenter reported a case of paralysis of the leg, following the hypodermic injection of ether in the thigh. Arnzan, in 1882, and Arnzan and Salvax, in 1883, have reported similar cases,

Among the late medical publications brought out at Madrid are Archives de Ginecologia y Enfermadades de la Infancia, Dr. Sangrado—a satirical review, and Diario Medico-Farmaceutico.

One hundred and forty needles were taken from different parts of the body of a young girl of 23 years. She afterwards confessed to having swallowed them.—Comptis rendus de la Soc. de Med. l'Upsala, 5 of Octobre, '83.

In the library of the London College of Physicians there is a gold-headed cane, which was carried successively by Drs. Radcliffe, Mead, Askew, Pitcairn, and Baillie; the arms of these physicians are engraved upon the cane.

At l'Hospital Trousseau were admitted in 1883 606 cases of diphtheria: 359 cases of croup were operated upon, and 82 not. Of the former 115 recovered; or 32 per cent.; of these one was 13 months old, and three below 12 months.

A resolution introduced in the lower House of Congress, to inquire into the adulteration of imported and exported drugs and foods, was defeated. If it had been something to drink for the members, it would have passed unanimously.

MM. Pictet and Yung have subjected the bacteria of charbon, symptomatic charbon, yeast and some drops of vaccine matter to a temperature of —130° C. All the micro-organisms succumbed. with the exception of those still in an embryotic stage.

As there seems to be a lack of "Generals" in this country, the Senate has passed a bill that U. S. surgeons, with the rank of Colonel, are to be styled Assistant Surgeons-General, and those with the rank of Lieutenant-Colonel, Deputy Surgeons-General.

Five cases of tuberculosis have been reported by M. Graucher, in which no bacillus could be found. Observations such as these are of importance—only we want to know whether the investigators were capable of demonstrating them when present.

Senator Cockrell, of Missouri, has presented to the United States Senate a memorial from the faculty and students of the Missouri Homeopathic College, asking that the different schools of medicine be employed in government medical service.

Syphilis—Tabes—Arsenic.—Herr Lewin narrated a case before a Berlin Society, of a syphilitic exhibiting the symptoms of tabes, apparently developed through the influence of arsenic in the carpet. When the carpet was removed the tabetic symptoms disappeared,

The commencement exercises of the Woman's Medical College in Chicago were held in Hershey Hall, Thursday, April 22. The degrees were conferred by W. H. Byford. Number of graduates twenty-one. The address to the class was given by Dr. Byford, and by the class from Mary A. Mixen, M. D.

The third otological congress will take place at Basle, Switzerland, in the beginning of September, 1884. Those who intend sending papers are requested to send the subjects in before May 15, 1884. At the beginning of June a detailed programme of the congress will be distributed. All communications should be addressed to Dr. Burckhardt, Mérian, Basle.

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THE WEEKLY MEDICAL REVIEW.

VOL. IX. No. 19. CHICAGO AND ST. LOUIS, MAY 10, 1884. TERMS: $3 A YEAR.

ST. LUKE'S HOSPITAL.—Chicago has several hospitals such as no city need be ashamed of, and among those which have merited reputation the imposing building known as St. Luke's Hospital has always stood in the front ranks. In external appearance it has hitherto attracted little attention, but the names associated with its administration are of themselves a sufficient guarantee of the efficiency of the internal work. But the double frame house which has been the shelter of so much continued effort has witnessed the evolution of an extensive pile of buildings at her side, to which she will soon resign the further development of the work she has hitherto fostered.

Not an unimportant item associated with St. Luke's is its location on the Lake Front. No building can ever deprive it of the refreshing breezes from Lake Michigan—a question of no small importance during the summer months. Moreover the building has been so arranged into separate sections so as to reap the full benefit of the situation. At present the new pile represents four distinct buildings, and a fifth will soon arise over the site of the old one. Whilst the buildings are separate, they are connected by wide, light and well-ventilated corridors, and the facility with which the eastern and western sun can penetrate the wards will contribute not a little to the satisfaction of contributors, workers and recipients.

When we begin to think of an hospital the question of ventilation and sewerage always presents itself among the items of special importance. In the present case the work has been confided to the Baltimore house of Bartlett, Hayward & Co., which has been doing the same work for the John Hopkins Hospital, of Baltimore. It is scarcely necessary after such a statement to add that the very best approved system of ventilating, heating and sewerage has been introduced. In the heating device a large amount of surface has been adopted, so as to permit the heating to be effected with very low pressure, and in the general wards and certain other special parts of the building the indirect system of radiation has been adopted. Two open fire grates also exist in each general ward. The air escapes from the general wards into a warm chamber surrounding the flue of the general chimney, by which means a constant upward draft is exerted. In addition to ventilating holes in the walls, under each bed in the large wards is located a ventilating opening twelve inches in diameter and connected with the chimney. No waste pipes of any kind communicate with the general wards. The waste and other pipes of the buildings are conducted into a flue constructed for the purpose so as to render them easy of access; and the larger pipes which exist in the lower part of the building are suspended until they finally disappear in the ground beyond the province of the hospital. A correct idea of the care and money spent on this item of the building cannot be well expressed in writing, but we recommend any of our readers who may be interested in the erection of hospitals to avail themselves of the privilege of inspecting the work.

At the main entrance to the hospital are situated two special wards for receiving accident cases, and for the retention of such cases as seem unlikely to recover from the shock associated with accidents. Immediately adjoining these wards are the necessary appliances for bathing, when it is thought necessary to adopt such measures before admission to the hospital. A similar arrangement of a separate room exists in connection with the

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large wards, for retiring a patient when it becomes evident that death is imminent, so that the other patients may be influenced as little as possible by the moral effect.

Provision is made for the isolation of any individual case of erysipelas, scarlet fever or small-pox which may possibly develope in the hospital, and a padded room is also provided in case any manifestation of insanity should exhibit itself in the hospital, of course merely as a convenience until the patient can be transferred to special care.

The amphitheatre for the benefit of students and practitioners in witnessing operations is situated on the top of the building, and is accessible without passing through the hospital. There is room for 158 observers, and the effort has been to permit the greatest number possible to witness all the details of the operations. The same design has also prevailed in the autopsy room. The facilities for photographing have not been forgotten, One room near the amphitheatre is devoted to that purpose.

The more narrowly one inspects the building the more it becomes evident that no expense is being spared to have everything done according to the most approved principles of hygiene, and we congratulate those who have so long worked in quarters with such an unassuming external appearance that they are soon to have at their disposal a building which will stimulate them to still greater efforts of usefulness.

Statistics of Resections of the Knee. —The value of statistics, although they are in many cases unreliable, is daily asserting itself. The ingenuity of man and the laudable effort for personal honor, associated with the facilities for disinterested corroboration and publication, serve to keep at any rate a good many of the important subjects treated of in statistics tolerably free from error; and any one who falsifies them for the furtherance merely of his own reputation will soon be exposed. It is very gratifying to the profession to observe the rapid improvement which such reliable statistics have developed. Whilst we accept with rejoicing the facts, we are always ready to receive new light on the theory associated with the facts; and as we quote these statistics below from the Boston Medical and Surgical Journal, we would like to draw attention to the remarkable relation of the statistics of three years' observations on hydrophobia in another article. In the resections below the numbers run 33, 9, 2; in the three years of observation of hydrophobia the deaths run 21, 9, 4. We simply refer to these numbers as an interesting relation, and now furnish the quotation: "Mensing has collected eighty cases of total and three of partial resection of the knee, operated upon at Kiel, and nine operations of removal of a wedge-shaped piece of bone for rectangular anchylosis. Forty-eight of these (52.01 per cent.) were discharged well. The average shortening was two and one-half centimetres, and flexion only occurred in two cases; two had good motion; one only slight motion. From thirty-two of these later information as to their condition was obtained, and in three cases a moderate flexion had taken place; in two a relapse had occurred, followed in one case by a second resection, and in another by amputation.

In thirty-four patients the excision was not perfectly successful (that is, thirty-seven per cent.), fourteen undergoing a subsequent amputation, and twenty having an unhealed sinus at the time the patients left the hospital. Of these twenty the ultimate results of thirteen were obtained: in ten cicatrization took place; three died. Of the fourteen secondary amputations, ten recovered, and two died.

Ten patients who underwent excision at the clinic died recently from the operation, five of pyæmia, one of Bright's disease, one of general tuberculosis, two of exhaustion, one of hæmophilia.

These operations were performed in the years from 1857 to 1883, and the time is divided by the writer into three epochs: First, before the introduction of Listerism and Esmarch's bloodless method; Second, after these were introduced; Third, after the introduction of Neuber's permanent dressing. The

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mortality in the first period in twenty-one cases was 33.03 per cent.; in the second period, twenty-three cases, was 8.7 per cent.; and in the third period, forty-eight cases, two per cent. The length of time required for healing in the first two periods averaged 129 days; in the third period eighty-nine days.

ANGINA PECTORIS—MORPHIA—CHLORAL—DEATH.—A physician cannot look on and see the agonizing pain associated with angina pectoris, and not strenuously seek to relieve it. And the first thing, perhaps, all of us, without some personal misfortune in the matter would resort to, would be some preparation of morphia. It would seem, however, that morphia, under such circumstances is not without danger.

Dr. Ruueberg relates the case of a man who suffered from frequent attacks of angina pectoris, but who appeared to be perfectly healthy in the intervals, and in whom nothing abnormal could be discovered concerning the heart. Dr. R. saw him in one very severe attack which had lasted then twenty-four hours. He was very restless and complained of severe pain in the precordial region. In order to lessen the pain and to make an examination of the heart more easy, the author gave him a subcutaneous injection of one-fourth grain of morphine. A few minutes later the patient gave a shudder, opened his eyes (the pupils were widely dilated), and, after two or three sighing respirations, died. The autopsy showed a dilated heart, in the walls of which, were numerous points, some hard and cartilaginous, others soft and of a reddish-yellow color. The aorta and coronary arteries were atheromatous.

We can also testify to the occurrence of a death in Chicago, under practically the same circumstances as those described above. The patient, however, had not been suffering in this attack but a very short time, he died, however, within half an hour, we are not sure as to the exact time, after the administration of the morphia. There was no autopsy. It would be interesting to know whether in the first case there was any atropia associated with the morphia, in the second case there was none. If any of our readers have records of similar cases, we should be glad to publish them. These cases interested us the more, as we read in an exchange the following note about the late Dr. Yandell:

On the day of his death he called on a physician, and, the subject of chloral being mentioned, he told his friend of a case that had come under his notice. A patient suffered much from trouble with his heart, and while suffering severely, summoned Dr. Yandell. Dr. Yandell administered a dose of chloral, which he assured his patient would relieve him. It did some good for a few moments, but then the patient fell back in his chair and died. It was, said Dr. Yandell, in speaking of the case, too sudden for the chloral to have produced death, and the man had simply died of angina pretoris, or paralysis of the heart. In describing this case to his friend, Dr. Yandell imitated the actions of the dying man, falling back in his chair, and throwing his arms about. A few hours later, and under the same circumstances, he himself breathed his last.

INJURIES OF THE PELVIC DIAPHRAGM—Dr. B. E. Hadra endeavors to show (Am. Jour. Obstet.), the real causes of descent and prolapse of the womb. He contends the perineum is no separate organ of itself, that the true floor of the pelvis is what Luschka termed the pelvic diaphragm—that the womb is not supported by the perineum directly—that the slit between the two levatories to the pelvic organs is what the inguinal canal is to the intestine.

HEMORRHAGE after REMOVAL OF THE UVULA does not often give any inconvenience. Sometimes, however, like every other minor operation, it persists to an aggravating degree. A similar difficulty sometimes occurs after the simple operation of circumcision and even after iridectomy. A troublesome hemorrhage after the removal of the uvula has just been recorded by Dr. Ed. Fournié in the Revue Médicale. The patient was president of a

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school, the uvula was long, large and uniformly hard, and previous to removal was treated for several days with a solution of nitrate of silver. On snipping off the uvula, the hemorrhage was insignificant, but the wound, we know not for what reason, was touched with nitrate of silver. In the evening the patient returned, complaining of having lost considerable blood. Inspection revealed the blood, arterial, still dropping freely from the uvula. Perchloride of iron had little or no influence. Pressure was then made by a forceps for ten minutes without avail. Finally, the hemorrhage was stopped by keeping a strong nasal polypus forceps in position on the uvula for twenty minutes. A kind of diphtheritic condition of the tonsils afterwards occurred, but the uvula gave no further difficulty.

Two Cases of Puerperal Rupture of the Uterus are reported by Dr. W. E. Forrest (Am. Jour. Obstet.) There were but two symptoms in common. 1st. The sudden and total cessation of the labor pains. 2d. The extremities of the child could be distinctly felt through the abdominal walls. The rapid pulse, which is laid down by authors as always present, did not exist in one case at all.

The Etiology of Some Cases of Septicemia accompanying lacerated cervix is the subject of an article by Dr. Watkyns, of Troy, N. Y. He gives the following summary of advice:

1st. Until the cervix is fully dilated, the presenting part must be kept back and the cervix supported to prevent its laceration by the presenting part of the after coming shoulders.

2. Hot water injections will immediately after delivery, make laceration of cervix and vagina patent.

3. In every case of suspected cervical laceration a careful search should be made with the uterine sound for supra-vaginal cervical laceration.

4. Large doses of quinine, twenty or so minutes prior to the uterine injection, will prevent chill, and probably also uterine colic.

5. A supra-vaginal laceration of the cervix should be treated by the armed probe and irrigation.

6: Examination within the first few days after labor would probably show a fair percentage of periuterine hematameter from laceration. (Am. Jour. Obs., April, 1884.)

Comparative Length of the two Legs.—The relative length of the two legs in young people who exhibit drooping or bulging shoulders; a suspicion of lateral curvature, an abnormally curved spinal column, a peculiar attitude of the body or head, or a shuffling gait, is evidently a matter of some importance. Dr. C. F. Taylor has contributed an article on this in the Medical Record, in which he finds among thirty-two persons examined, shortening, which averages 0.66 of an inch. The greatest difference observed was 1.75 of an inch, and the least difference taken note of was $\frac{3}{8}$ or 0. 375 of an inch. The ages of those measured varied from four years to sixty, but the majority were under twenty. All but six were females. In twenty-eight cases the left leg was the shorter, and the right was shorter only in four. It is claimed by some that this crural asymmenetry accounts for a peculiar circular direction which a person who has lost his way in the plains, with a clouded sky, is likely to take. Dr. T. ridicules the idea that a shoe, made to correct this defomity, is likely to increase it, and gives a case which seemed to have been greatly improved by it. He shows how, if uncorrected by the necessity the person is in to keep the centre of gravity as nearly as possible in the middle of the imaginary base line, the spinal column is obliged to make a curve. He thinks that, inasmuch as in the majority of cases the left leg is the shorter, that a partial explanation of the long recognized fact that in the majority of cases of lateral curvature the convexity of the dorsal curve is to the right, the lumbar to the left.

This mode of measurement is simple, but does not pretend to absolute exactness. We give it in his own words.

"The patient, barefooted and with the hips

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exposed, stands with his back to the examiner. Care is taken that the heels are near together and the knees straight. If, after careful inspection of the contour of the hips and loins, which alone will nearly always reveal the presence or absence of crural asymmetry to the trained eye, while the patient stands upright, the edges of two equally thick rules, or the radial edges of the flatly extended hands, are pressed into the flanks just above, and, guided by the iliac crests, any difference in their level will be easily appreciated. If there be a difference, its amount may be determined by placing increasing thicknesses of thin pamphlets, or similar objects, under the foot of the short side, until the two hands of the examiner, pressed over the iliac crests, are on a level. Now, if the thickness of the pamphlets can be measured, we shall have quite an accurate notion of the amount of shortening. This method presupposes that the acetabula and ilia are vertically symmetrical, and I believe that they approximate nearly enough to this standard not to invalidate results obtained in this way, and, at any rate, the amount of pelvic obliquity is the really important point to be ascertained. This method is not equally applicable in all cases, but it is simple, convenient, and sufficiently accurate for the cases uncomplicated by joint troubles or paralysis, which we are now considering.

Medical Government Publications.—Congress has authorized the public printer to make further issues of the following works as soon as a sufficient number of copies have been ordered and paid for, to ensure the associated expense, the price to exceed the cost of printing, etc., ten per cent. The number of copies printed are not to exceed the numbers ordered and paid for: "Report of the Tenth Census;" "Compendium of Tenth Census;" "Medical and Surgical History of the Rebellion" and the "Rebellion Record."

Petitions for Recognition.—Petitions that all legally qualified physicians should stand a fair show for appointments in governmental service in the United States have been presented to Congress by the representatives of the following States: New Jersey, Wisconsin, Connecticut, Illinois, Indiana and Missouri. The petitions were referred to the proper committee.

Tubercle Bacillus in the Pericardium.—Mr. Kast, of Fribourg, has discovered the bacillus of Koch, in a fluid obtained from the pericardium. At the autopsy, the glands in the mediastinum were indurated and purulent, no other trace of tuberculosis being present. Mr. K concludes that this demonstrates that there may exist a tubercular pericarditis, the origin of which may be in the neighboring glands.

The Death of Prof. Samuel D. Gross is announced as having occurred in Philadelphia on May 6. Dr. Gross was the "Nestor" of American Surgeons, and the greatest of surgeons that this country has ever produced. He was born in Pennsylvania, July 8, 1805; studied medicine under George McClellan, and graduated in the Jefferson Medical College, Philadelphia, 1828; in 1835, was elected Professor of Pathological Anatomy in the Ohio Medical College of Cincinnati; and in 1840, to the chair of Surgery in the University of Louisville. In 1850, he was selected as Dr. Mott's successor in the University of New York, and in 1856, he succeeded Dr. Mütter in his Alma Mater, a position he occupied until some few years' since, when he resigned in consequence of advancing age, his son, H. S. Gross, succeeding him in the chair of Surgery. The honors bestowed upon Prof. Gross both at home and abroad are numerous; he was made a member of the Royal Medical Society of Vienna; of the Royal Medico-Chirurgical Society of London, and of the British Medical Association. He received the degree of LL. D., in Great Britain. In 1867, he was elected president of the American Medical Association, which body being now in session will no doubt take appropriate action on his death. Early in life he began to contribute to medical literature and has written much and well. His

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System of Surgery has gone through numerous editions, and enjoys an international reputation.

In accordance with his last will an autopsy was performed upon his body, and the remains were then taken to Washington, Pa., and there cremated.

A great man, full of years and of honors, has departed from our midst, but he has left to us a name that will never pass away as long as the science and art of surgery continues to exist.

HYDROPHOBIA IN THE DEPARTMENT OF THE SEINE, FRANCE, FOR THE LAST THREE YEARS; THE "MADSTONE"— CHARCOAL. — According to the Revue Médicale, M. Dugardin-Beaumetz reports to the Council of Hygiene that the number of cases of hydrophobia have decreased greatly during the last three years. In the year 1881, the number of cases of death was twenty-one; in 1882, the number was nine; while in 1883, it was only four. The duration of the incubation is shown to be very variable, the shortest period has been twenty-three days; the longest period two years and ninety-five days.

An autopsy was made in eleven out of the thirty-three cases, and the principal lesion has been a congested condition of the cerebro-spinal system.

Of the thirty-three fatal cases, eight were women. In one case hydrophobia was developed, not by a bite, but by licking over an abraded surface. Among the list of remedies referred to as having been adopted in the cases referred to, is arnica, ammonia, camphorated alcohol, ammonia as a caustic three times; once actual cautery with a red hot iron was employed.

Whilst only thirty-three persons died of the affection, there were two hundred and sixty-eight bitten by mad dogs, showing only a mortality of 12.3 per cent., so that there is every reason for a physician to inspire with confidence the person afflicted, and thus protect him from the disturbing element of fear. It would seem, as the remedies above referred to are evidently in the main the applications of the laity, that the "mad stone" is not known in France. We have looked up such authorities as are at our command—Ziemsen,s Cyclopedia, Encyclopedia Brittanica and Chambers' Encyclopedia, and find no mention of the "mad stone;" and as the idea of its virtue extensively permeates the laity here, in Illinois, we have endeavored, with only little avail, to ascertain something about it. Seeing, however, one on exhibition in Giles Bros., the jewelers' window, we went in to examine it. It was obtained by them from Nevada, is of a terra cotta color, very light, quite porous and the chemical constituents seem to consist chiefly of the silicate of alumina. The stone applied to the tongue adheres very much the same as bone chracoal will, and it is from this peculiarity that the popular idea of its virtue is derived. The means of applying it is to let it adhere to the wound as long as it will, and then, after boiling it in milk (?) and allowing it to dry, it is again ready for use.

One evening, whilst this stone was on exhibition, a woman came up from Grand Crossing, ten miles, to beg the use of this stone; the jeweler's store was closed, and, in considerable anxiety, without emotion, she appeared in a drug store in the neighborhood. The wounds, several in number, had already been treated with nitrate of silver. Considering the absorbent properties of dry charcoal, both for alkaloids and gases, she was recommended to neglect the "mad stone," and use freqent applications of dry powdered charcoal until the wounds healed. Whilst of course no sympathy was entertained relative to the popular idea of the "mad stone," it was supposed that the absorbent nature of the earth of which it is composed, might be still better represented in the powdered charcoal. The fact developed by the report above referred to, namely, a mortality of only about 12 per cent., probably furnishes the explanation of the reputation of the "mad stone."

M. Roboteau has concluded, from a series of experiments, that monatomic alcohols ($C_n H_{n+1}$) produce excellent ether for anæsthetic purposes, such as chloride of methylene, or chloride of ethylene, whereas diatomic alcohols ($C_{2n} H_n$) produce very bad and dangerous ethers.

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SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

[CONTINUED.]

DR. LOVE.—Last Saturday Dr. Moore read a paper reporting a case of

ABSCESS OF THE BRAIN,

which reminded me of a case which came under my observation. I did not then mention it on account of the lateness of the hour. Two months ago a night watchman engaged at the stables of the Market street railroad was attracted by a row on the owl car when it arrived at 1 o'clock in the morning. A number of hoodlums started a row with the conductor and driver. The night watchman went there with a view of quelling the disturbance. He had scattered the crowd, and was inside the car, the roughs being outside—the most obstreperous having been arrested—suddenly three rocks were thrown into the car, one striking the night watchman on the head—the frontal portion—making a large cut over the eye, scalping him to a considerable extent over the entire front portion of the head. The next night he came under my observation. I found a fracture of the skull but no depression. I closed the wound, leaving one opening for drainage. The next day there was nothing to indicate any necessity of interference, but appreciating the responsibility, I called consultation. The consultant agreed with me as to the course I had pursued and as to that which I had resolved upon. The parts healed very nicely and there was no evidence of any disturbance of the brain at any time, on the whole, the case was doing admirably I kept him quiet until all signs of the injury he had received, except the scar, had disappeared. He was, however, weak, having lost a great deal of blood, but his appetite returned, and he was in good condition. I was still visiting him simply with a view of watching him. The case thus progressed for two weeks, Early in the third week an intense neuralgia supervened, the man was weak and, as his hygienic surroundings were not the best, I gave large doses of quinine and the usual anti-neuralgic remedies, to which the trouble apparently yielded. At the end of a few days the pain returned with greater intensity. It seemed at first to be on one side, but afterwards he could not locate it; it seemed to be general, Shortly afterward a chill came on, but not followed by any marked fever; several chills at intervals of ten or twelve hours followed, and the man then lapsed into a stupor, became sleepy; temperature below the normal, pulse sixty, but sometimes down to forty. He went from bad to worse, the prominent symptom being heaviness and extreme sopor, sleeping all the time without any narcotic and, suffering no pain. On being aroused, his mind was perfectly clear, and he rationally discussed his affairs, stated his condition, how he felt and so on. So the case continued, and at the end of about five weeks he died.

On post-mortem there was no depression of the inner plate of the skull below the superior surface at the point underneath where the injury had been received. There was fluctuation of the meningeal surface, and as soon as I cut into the opening layer I found it was very diaphonous; I found an abscess as large as the fist. Of course this explained the condition of affairs which had been suspected before. I can explain the existence of the abscess only on the ground that it followed the severe concussion of the brain substance. There certainly was no portion of the inner table depressed; there was no inflammatory action immediately under it, at least not to any marked degree; there was but little thickening of the membrane. But a marked suppuration as I have related. I regret that the interesting case reported by Dr. Moore was not perfected by a post-mortem examination; but we all know that people are prejudiced against these examinations. In my case I had much difficulty in obtaining one.

DR. LUTZ.—On which side was the abscess?

DR. LOVE.—A little to the right of the median line.

DR. DEAN.—On what part of the head was the blow received?

DR. LOVE.—On the forehead, over the frontal eminence above the frontal sinus. The external wound had united. There had been a fearful laceration originally, in fact, the whole scalp was wounded; there was no evidence of depression, however; nor was there compression and the patient's mind was not impaired; the prominent feature towards the last was the persistent sleepiness. Six hours before his death his temperature was 96½-97 probably, and his pulse was 40; he was roused then and talked naturally and intelligently and gave direction in regard to his family, etc.

DR. DEAN.—Did the abscess extend to the anterior extremity of the lobe of the hemisphere?

DR. LOVE.—No, sir; not completely to the end. There was no inflammation of that

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hemisphere, nor was the other side implicated at all. Tnere was no paralysis at any time; of course towards the last there was inability to walk, but he could move his limbs. There was intense weakness; there was no appetite, of course, and there were the attendant conditions indicating suppuration, sweating, distress and the usual symptoms indicative of suppuration.

Dr. Lutz.—Mr. Chairman, I do not wish to criticise the treatment of this case, but it strikes me that from the symptoms detailed by the doctor and the suspicions that he has expressed concerning the existing pathological condition, the case was eminently one for surgical interference in the way of trepination. Whether or not there would have been found on opening the calvaria depression by the inner tablet or any direct lesion of the cerebral substance as a result of the injury, the operative procedure would have been justified by the symptoms as they developed subsequently to the healing of the external wound. It appears clearly that the cerebral symptoms which manifested themselves were referable to the injury and to the seat of the injury, and therefore surgical interference, whether of chiseling out or trephining the skull, would have been justifiable. The brain can tolerate a great deal of insult from an accident or from the surgeon's instruments, and I think it is a recognized procedure to afford an exit to any accumulation, whether sanguinous or purulent, in cases of head injury. The case reminds me of the case of a gun-shot wound that occurred at a picnic. Some "hoodlums" settled a dispute among themselves by getting into a fist-fight and the weaker man pulled what proved to be an old-fashioned navy revolver and shot his opponent. The shot entered about half an inch posteriorly to the mastoid process on the right side. The wound bled profusely. Three hours after he had received the injury I found that I could enter the cavity of the skull with my little finger, and I found several pieces of detached bone. I supposed, of course, that the revolver had been loaded with a bullet, and that the inner table had been fractured, and that the missile was lodged in the brain substance. These pieces of bone were very loose, but of were of such a shape and in such a situation that I could not extract them through the opening with a pair of dressing forceps or with any other instrument that I knew of. I concluded to enlarge the opening, which I did by using a trephine, removing a button the size of the larger form of trephine usually found in our cases. I then succeeded in removing quite a number of spiculae of bone both from the membranes and from the brain substance, but found nothing else. Of course the prognosis was a grave one, supposing that the bullet was lodged in the brain substance and anticipating the probability of suppuration and its results, etc. I kept the opening properly drained, and after a few days I observed in the bottom of the wound a substance which I imagined was the bullet. After removing the substance with my dressing forceps, however, I found that it was not lead, but gravel. The pistol had been loaded with gravel, and I removed, I believe, seven pieces of gravel from the brain substance. The opening into the brain was so large that I could very easily put my little finger to the very bottom of it. After having removed all the foreign bodies from the brain, which I did in two or three sittings, I irrigated the cavity. It subsequently granulated very nicely and the man made a good recovery. So far as the psychical symptoms were concerned they were negative. He suffered only from shock. Subsequently there were no unfavorable symptoms at all. There were no incoordinative movements of the muscles; there was no coma properly recognized; there was very little disturbance in his speech, and this disappeared in about a week, and the wound granulated and healed without any disturbance at all. Now I am not prepared off-hand to narrate the course of the case, for I am not sufficiently familiar with the topographical anatomy of the brain surface, without referring to my notes what portion of the convolutions were involved; but it struck me then as a good illustration, aside from the other interesting features presented, of the duality of the brain; the vicarious functions being assumed by the other hemisphere, as it is done by the kidney; when one kidney is injured the other takes on its function; so in the brain the function of the injured portion is performed vicariously by its fellow. I should state this man had once before received a very severe injury of the head; and his physician then imagined that he had sustained a fracture of the skull; but after three months, I believe it was, he resumed his duties as a foreman and manager of a gang of men in a large manufacturing establishment. Now I believe that in this case, if the proper opening had not been made the foreign bodies would naturally have acted in that capacity, and that suppuration of the brain would have occurred, and in all likelihood a fatal issue would have resulted. Of course in this case the site of injury and the seat of the trouble was much more accessible than in the case that Dr. Love reported; but I

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believe in his case interference on the part of the surgeon would have been justifiable, and probably the doctor could have recorded a recovery from traumatic abscess of the brain had an opening been made and the pus been allowed to escape freely from the injured portion.

Dr. Dean.—I believe most of us would have done as Dr. Love did. I certainly should have done as he did in the case he related, in the first part of it at least, and I do not know just what I would have done under the same circumsances later. I think it is probable that the lesion was so great before the symptoms became very severe—coming on gradually—that little could have been done; certainly I think when we have evidences of the formation of an abscess or great disturbance from the start in any such injury, we are justified in removing a portion of the skull. The case that Dr. Lutz has reported reminds me of one I still have under my care; it is a man who attempted suicide; he shot himself in the left side of the chest, I cannot say exactly where now, but it is immaterial to the narration of this case, very near the heart, so near that we suspected the pericardium was penetrated; he also shot himself in the forehead on the right side in the frontal region, and was unconsious—there was stertorous breathing, and I did not expect he would recover; at the same time I felt it my duty to remove the depressed bone. I found the bullet in this case flattened between the dura mater and the skull, except a portion that was still engaged between the two plates. I removed both the inner and outer plates of a circumference of a quarter of a dollar, and within a few hours the man recovered consciousness and has been doing well; the wound in the head has entirely healed and there is no trouble so far as any symptoms are concerned. Another case came in three or four evenings ago. A boy was brought in with a depression in nearly the same place, making a depression half an inch in diameter, funnel shaped. The boy's pulse was 140. He had not yet recovered entirely from the shock; he was delirious. The left thigh was also crushed and the fractured extremity of the femur protruded some three inches and a half. Of course there seemed no use in amputating the thigh, unless we could save the boy whose life was imperiled by the injury to the skull. We removed the broken pieces of bone and found the dura mater unbroken; it at once protruded, as fast as the opening was enlarged, into the opening. I then made the amputation, united the flaps and put the boy to rest, hardly believing that he would live until the next day. He was delirious for some time, but on yesterday morning he came to himself and stated he saw double; when there was but one nurse in the room, it seemed to him there were two. To-day the boy's mind is clear, his pulse good, and there is every likelihood that he will recover; but if I had neglected to remove the portion of the skull, I do not think there would have been any chance whatever. Of course I do not know yet that the boy will get well; he is doing very well now, however.

Dr. Love.—Mr. President, I will state that I reported my case at long range, and there may have been some points neglected. With all due deference to Dr. Lutz, I will state I could not interfere and make a compound injury where there was a fracture of the skull unless there were reasons for interfering; unless there were symptoms which justified it. It was only as the case progressed, sometime after the receipt of the injury, that the symptoms were sufficiently well defined for me to be sure of the situation. The subsequent developments show that had we interfered—had we attempted to remove the therein contained pus we would have been obliged to go it blind; we would not have had any marked evidences as to where the pus was. It was not at the point of the most apparent injury. I do not think interference in this case would have been justified. In consequence of Dr. Lutz's criticism I might think I was not sufficiently heroic in the management of the case, had I not been in company on several occasions with prominent gentlemen who fully coincided with me in my view and indorsed the mangement.

Dr. Lutz.—Mr. Chairman. The case reported is one of simple fracture, apparently of the skull; subsequent to this fracture certain disturbances referable to the brain occur; the site of injury of the skull being the site of the brain symptoms; now what conclusion is more rational than to refer the symptoms of the brain trouble to lesion of the skull. Now, I take it that this is a fair proposition that the symptoms were due to traumatism; due to the injury of the skull and the concomitant injury of the brain substance. Now, taking this proposition as laid down, the only question is this: Whether experience justifies surgical interference in cases of fracture. Now of course I do not wish to criticise my friend Dr. Love in his treatment of the case. I do not know anything about the case except what he has told us, and what I said was merely said as a suggestion. I wanted to call attention to the fact that I was of the opinion, from what I had seen and from the experience of others, that surgical inter-

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ference in a case of that kind was justifiable, and I will now go one step further, and I will say that surgical interference in a case of that kind is demanded. I believe that experience will bear out the assertion that in such a case as this, trephining and the evacuation of the pus is demanded. Now this of course is merely a hypothetical case. There might have been reasons in the case why the surgeon should not interfere; but, taking the facts as narrated as the basis of a case, I dare say that the conclusion that I draw, as to what should be done in such a case, is not an heroic one; on the contrary, I should consider such a course conservative; I should consider it very heroic to expect an abscess of the brain to become absorbed; I should consider it very heroic treatment to stand by and do nothing when you have at your back the logic of the sequences of affairs in the experience of others. I know, too, that this is what I was taught, and I have no doubt there is much truth in it, that we should not plunge into cavities recklessly; that we should not convert a simple fracture into a compound one, but these rules are no doubt modifiable and are modified to existing affairs, and there is hardly a cavity in the body that is not opened with impunity, and the results obtained often justify the interference. I remember eight years ago I reported in this society a case of rupture of the small intestines by the falling upon the abdomen of a large weight—a large piece of coal—in which the bowel was ruptured. Upon making a post-mortem examination there was found to be a rent of the small intestines. I then suggested the propriety of making in such cases an exploratory incision where a history of traumatism existed—where there was a history of injury, etc. I felt at that time that the manner in which I was sat down upon was perfectly justifiable and was justified by my enthusiasm. Since then it would be considered malpractice in such a case not to open the abdominal cavity and explore, and search for injuries of that kind. Other things conspiring make it justifiable. So it is with the brain; and I believe the brain can be opened with less impunity after such an injury; so that I do not believe this to be heroic treatment.

Dr. Hughes.—I think both of these cases throw some additional light, if any were needed at this late day, upon the doctrine of cerebral localization; I think cerebral localization itself has illuminated surgery. Upon this subject Lucas Championnière's admirable treatise on trepination with reference to crebral localization is made most interesting and plain. In the case detailed by Dr. Love there were present symptoms which might have been looked for in an injury circumscribed, as the post mortem in the case proved this abscess to have been. There was no complication of the motor area of the brain, in those regions which cluster about the fissue of Rolando; there seems to have been no implication of either the frontal, orbital, or parietal convolutions; there seems to have been no implication of the left frontal convolution; there seems to have been no implication low down over the orbit; the anterior lobe of the brain—the right hemisphere—seems to have been the particular portion of the brain involved. Now, it has beeu asserted by many writers, and especially by Mr. Bastian, and it has been confirmed by clinical observation, that the intellectual area of the brain is not in the anterior lobes of the cerebrum; and if you will take the history of cerebral traumatism in which diffuse inflammation has not followed the local injury, you will discover unvarying clinical confirmations of this fact. It is only where there is a co-existent implication of the remainder of the brain; where there is circulatory disturbance—congestion—inflammation, that you have destructive deranged conditions of the intellectual functions and you must have this also on the surface. It is possible, as every clinician knows, to have large tumors located within the white substance of the brain without implication of the mental faculties, except when they impinge by extension of growth upon the surrounding area of the cortex. I myself once reported a case of that character. It is a strange fact that the most protected area of of the cerebrum is coming to be recognized as the chief centre—the chief area of intellectual operations. The case reported by Dr. Lutz, from the history given, does not give us any evidence of implication of the motor area of the brain. It could hardly have implicated the angular gyrus, because it would have affected vision and there was no disturbance of vision. These cases would undoubtedly sustain me in what I have to say, if I were to go over this subject of cerebral localization with reference to its value for the purpose of differentiation when operative procedure is in contemplation. But the facts, that there was neither implication of the speech centre in the case that Dr. Love reported, that there was no involvement of either of the motor areas of the brain, and that in the beginning there was no delirium; that there was no intellectual disturbance, would enable a surgeon, familiar with the subject of cerebral localization, to more or less accurately circumscribe the loca-

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tion of the results of that injury in its early stage. These circumstances rather point to the fact that the injury was not a counter-coup; that the lesions following that blow was not the result of a counter stroke; it was not very distant from the point of reception of the blow; and by exclusion, bearing in mind the doctrine of cerebral localization which stands to-day sufficiently firm to be regarded as a practical fact, we could decide that the injury was not very remote from the beginning—from the surface. Then the question of course comes up to the surgical mind as to the propriety of trephining, to let out the accumulation of pus. Now Championnière says, if I am not mistaken, that if there is a purulent accumulation near the surface, it is justifiable to trephine, whether there be a fracture on not. If the symptoms indicate cerebral implication, and there is a reasonable supposition inflammation exists in some portion of the brain, and you can locate it with probable certainty near the surface, it is justifiable to trephine.

So that the doctrine of cerebral localization is not mere fanciful series of facts to interest the intellectal and neurological student, but it is a fact which has important surgical significance as well as the most important clinical import. I wish to emphasize further in regard to these injuries that an injury confined to one hemisphere of the frontal area, the first or second frontal convolutions in their upper central portions, and not accompanied by a concomitant general cerebral disturbance, inflammation or congestion, does not necessarily produce intellectual aberration, and we need not expect to find it unless we find evidences of inflammatory condition, of congestion or exudation implicating the cortex further back.

Dr. Bremer.—In the post mortem of Dr. Love's case the most important part has been left out. It should have been ascertained what the relation was as to the size and to the site of the abscess on the one hand, and the convolution on the other. We know that the brain can stand a great amount of injury. This is true and it is not true. It depends upon the site of injury. We know that foremost portions of the anterior lobes of the brain are particularly able to bear injury, without a fatal result because, as the gentleman who spoke before me rightly remarked they are far removed from the motor centres. So there is no paralysis upon a lesion of these parts of the brain. One of the most remarkable cases illustrative of the amount of injury the brain, at least this part of it, can bear, is the so-called American crowbar case, which was sneered at on being published in Europe, because it sounded incredible. I suppose the great majority of the gentleman heard of the case. I will briefly state it; a man was preparing a blast in a quarry; the blast went off prematurely and a crow bar, with which he had been ramming down the powder, struck the frontal bone and passed through it and came out at the top of the head; the man eventually recovered, but was not paralyzed at all. He went about his business as before, but there was a decided change in his temper, and he became a different individual from what he had been. Before the injury he had been the most efficient and capable foreman in the employ of the contractors, and afterward he was very unreliable and they could not give him his place again. He was a mere child in his intellect and its manifestations, but had the animal passions of a strong man. The skull of this remarkable case is on exhibition in the medical museum of Harvard University in Boston. It is beyond doubt a fact that both the anterior lobes of the brain must have been destroyed in this case and still the patient lived.

Dr. Dean.—I think the doctor is in error as to the place at which the iron struck the skull; I think it beneath the zygomatic arch and I think it landed some five feet off.

Dr. Bremer.—Now as to the localization of the brain. That is a matter that has not been settled beyond a doubt as the doctor asserted. There are still a great many observers, men of repute, who contend against it, and not without success. I saw the dogs that Golz, of Strasburg, operated upon; he took off large areas of the cortical substance in the brain which are supposed to superintend the movements of the body. These dogs went around as usual; there was no paralysis at all, although they were imbeciles and idiots. Any dog after it reaches a certain age will, when micturating lift his hind leg. These dogs did not do that; they micturated like a female dog or puppies. An intelligent grown male dog will not do such an act. Golz took those dogs to London to show them to his great antagonist Ferrier. Ferrier had been operating upon monkeys, which, of course, bear a closer relation to mankind than dogs in relation to the convolutions of the brain and the way in which their discussion ended was simply this, Ferrier said: "You operate on dogs and I operate on monkeys." The doctrine of the localization of the brain was, as we know, instituted by the experiments of Fritsch and Hitzig and was afterwards followed up with remarkable success by Ferrier. These experiments were conducted with electricity.

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By irritating certain areas of the cortical substance of the brain, certain movements were produced on the opposite side. Now the question is,and this is brought forward by the antagonists of the doctrine, is it really the ganglia of the cortical substance which when irritated produces the movements on the opposite side, or are there not extra currents going into the brain and thus irritating underlying layers. Can they not be made responsible for those opposite movements. Indeed the question has not been entirely settled as yet, experimentally, although clinical experience points in that direction—to the localization of the brain and against the old doctrine of Flourens, according to which the faculties of the brain are distributed as a whole over the surface of the brain and can be exercised vicariously; this vicarious action is entirely done away with by the doctrine of localization of the brain. I myself am, from clinical observation, in favor of the localization; from experimental observation, I think it is not proven as yet.

Dr. Hughes.—In regard to the crowbar case, I saw the doctor who reported it in Boston, in 1878; I have seen the tamping iron which was two inches in diameter at one end, tapering to one inch at the other; it was a good old tamping iron and not a crowbar though commonly so designated; I have seen the skull, and have drawn the iron through it, and I placed this case on record two years ago in discussing the doctrine of the vicarious functions of the cerebral lobes and hemispheres in Albany, New York, and I feel that I am correct on this subject. I think I have given the correct record. They may have gotten the record of the case wrong over across the water, but this is the record of the case as I got it—as I learned it in the amphitheatre of Massachusetts General Hospital from Dr. Bigelow in 1878, and as it will be found recorded in the Boston Medical and Surgical Journal for the year preceding, I think.

Dr. Dean.-I would like to ask Dr. Hughes if the man did not die demented in California?

Dr. Hughes.—Yes. After the receipt of this formidable injury he was assisted on a horse or into a vehicle, possibly on a horse, and taken home, a distance of a mile or two, and within an hour he was able to walk up a long flight of stairs and give the surgeon an intelligible account of the injury he had sustained,was for the moment stunned but did not lose consciousness. After reaction fully took place grave symptoms developed and his life was for a long time despaired of, but he ultimately recovered. He became interperate and epileptic and died twelve and a half years afterward of epilepsy in Southern California or New Mexico.

Dr. Dudley.—I would like to ask exactly where the iron entered the skull?

Dr. Hughes.— It entered immediately anterior and external to the angle of the inferior maxillary bone and passed out through the skull on the same side, closely impinging but not destroying the lateral sinus. It is considered one of the best illustrations on record in confirmation of the vicarious function of the cerebral lobes and hemispheres of the brain; in fact is seems almost incontrovertible. The case was watched with singular interest and the man's movements were never lost sight of from the time of the injury until he died. Of course it was looked upon as an American big fish story, but there is no posibility of doubt about its having actually occurred. I saw, also, at that same time, at the meeting of the Superintendents of American Hospitals for the Insane in May of that year,a case which occured in Ohio,in which a ramrod had been projected through the parietal bones, striking the parietal eminence on one side and coming out at the other. I saw the patient, and was enabled to test the condition of his intellect; this was some what impaired; he was dull and stupid,he did not lose his memory, and his intellectual operations were fairly good, but the doctor who had him there, stated that he was not as bright as he had been. There was no epilepsy, no insanity and no very marked disturbance exept the condition of hebetude as compared with the man's natural vivacity. I saw him walking about, and he ate at the same table with us, and what I considered very injudicious was that his physician allowed him to drink ale. In regard to this doctrine of cerebral localization, I confess, after all the scepticism entertained, I have come to regard it as sustained by experimental and psychical observation. It was Fritsch and Heitzig who discovered the electrical excitation of the cerebrum. These gentlemen contended with Ferrier against the doctrine of cerebral localization; and this subject has been discussed from the time of Schubert and Broca, when the subject was discussed in the hall of the anthropological Society of Paris in 1838, to the present day, and has resulted in overthrowing Broca's scepticism, and the establishment of the speech centre in the posterior aspect of the left frontal convolution, in contradistinction from the other side as contended for by Bouillaud before that time. It is the doctrine that is gaining ground from all the observa-

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tion that I have been able to glean; in fact so well established has it become in my mind that I did not suppose, exepting as to the details, the doctrine of cerebral localization was at this late day questionable. Of course, there are questions as to location; as to whether the angular gyrus is the seat of vision or whether the corpora quadrigemina alone are the seat of the visual impressions; or whether as Bouillaud had undertaken to demonstrate, by the slicing process, the whole area of the brain is not illumined by the radiating fibres from the eye. It is very difficult to so slice the brain as not to find evidences of the effect of light being transmitted. Of course there are a great many of these details that are not settled. But I consider that the experiments of Ferrier made before a class, in which he stated that by pressing the electrode upon certain areas of the brain they would produce certain effects in a monkey, and that assertion having been followed by a direct demonstration in the movement indicated, I consider that one of the proofs difficult to get around; and then we have superadded to that the experiments which Bartholi made upon that unfortunate female, and unfortunate for her, but good for science, who was afflicted with cerebral encephalomata, and in whom he produced the same effects as those produced by Ferrier on the monkey; so that to my mind these confirmations must be taken as something, even though they do come from this side of the Atlantic, or come from Englishmen. You know we are something like an English speaking tribe, and the time must come when experiments will be made both in this country as well as in England, and as well as in Germany, in which the demonstration must be acquiesced in by the scientific world.

ARKANSAS STATE MEDICAL SOCIETY.

LITTLE ROCK, April 30, 1884.

The society was called to order by President Dr. J. M. Keller, of Hot Springs, Dr. W. P. Gibson, of Little Rock, Secretary. Eighty members answered to roll-call. Prayer by Rev. S. H. Buchanan.

The society was welcomed in a very pleasant address by Dr. L. R. Stark. Twenty new applicants were admitted to membership. The President's annual address was brief, and suggested the necessity of thorough reformation in the laws regulating the practice of medicine in the State. He favored heartily the practice of cremation, and recommended that every physician should require at least an academic education of all persons who offered to study medicine, and that they should only send students to such medical colleges that provided three full courses of lectures as a preliminary to graduation.

Dr. E. Bentley, of Little Rock, read a paper on "Concussion of the Brain." Dr. W. P. Hart, of Washington, read a paper on "Syphilis," denying the germ theory of infection. Quite an animated discussion followed the reading of a paper by Dr. J. B. Bond, of Little Rock on the "Co-relation of the Medical and the Pharmaceutical Professions." The general opinion was that the doctors were largely dependent upon the honor of pharmacists, and that the pharmacists ought not to refill prescriptions except upon the order of the doctor. Dr. J. T. Jelks, of Hot Springs, presented a paper on the "Progress of Gynecology," calling attention to Emmet's "button-hole" operation upon the female urethra, and condemning dilatation as a means of treating the diseases of the urethra. The writer closed with an eloquent eulogy upon the life and labors of the late Dr. J. Marion Sims. Dr. D. C. Ewing, of Batesville, reported a case of complete procidentia during labor. The child was delivered with the forceps. The womb was ruptured, united by stitches, returned, and both mother and child lived.

MAY 1.— Society called to order by the president. Most of the morning session was devoted to the discussion of amendments to the by-laws, resulting in the retention of the old law requiring an annual due of $5, and allowing only delegate members to vote. Dr. G. W. Hudson, of Camden, read the report of the committee on medical education, strongly insisting upon a higher standard for graduation, and a three years course for all the medical colleges, insisting that our faulty education is largely due to the medical colleges. The report of the committee on medical legislation was read by the secretary; it contained a bill to be submitted to the Legislature, which provides for a board of health and a legal qualification for the practice of medicine and surgery, the board to be nominated by the State Medical Society and appointed by the Governor.

Dr. T. D. Nichols, chairman, presented the report on the progress of medicine, which was mainly devoted to discussing the superior merits of modern conservatism over the so-called "heroic" methods of the past.

Dr. W. P. Hart, of Washington, read an interesting paper on the "Germ Theory of Malaria," showing clearly and forcibly the insufficiency of proofs to establish the theory of Koch and other Germicists. It is safe to say that the "germ theory of disease" never

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before received such a "blast" in the Arkansas society, nor were its advocates ever so completely placed "hors du combat" as by the long and eloquent paper of the society's elocutionist, Dr. Hart.

The next paper was read by Dr. J. J. McAlmont, of Little Rock, upon "The Use of Opium in Congestive Fever" favoring its use in the so-called "algid" varieties.

"Some Hints on the Management of Dyspepsia" was the title of Dr. T. E. Murrell's paper, which was confined mostly to the dietetic management.

Dr. J. F. Blackburn, of Ozark, reported a case of gun-shot wound of the intestines involving the descending colon with profuse fecal discharges from the abdominal wound. No peritonitis; no shock. Complete recovery without alarming symptoms at any time.

This paper evoked quite an animated discussion by Drs. Turner, Jelks, Orto, Willis, Saunders, and the president, Dr. Keller, urged the hermetic sealing of chest wounds and the free opening of abdominal wounds involving the intestines, cleansing the cavity, closing the bowel lesion with stitches.

Dr. J. R. Dibbrell, of Little Rock, presented statistics from the Crimean war and others showing a mortality of about 91 per cent from abdominal wounds and urging prompt interference as nothing is to be hoped for from simply tentative treatment.

Dr. G. W. Hudson, of Camden, reported "A Case of Extrophy of the Bladder with Umbilical Hernia." The patient, a female, æt. two years. He constructed a pad or truss of vulcanized rubber to the entire relief of the patient and which promises a perfect cure.

A paper read by Dr. J, F. Jelks, of Hot Springs, detailed a case of "Emmett's Operation for Lacerated Cervix Complicated with Epithelioma" and suggested the almost constant association of laceration with epithelioma of the cervix.

Dr. D. J. Prather reported a case of "bowel obstruction relieved by large doses of cotton seed oil.

At this time Dr. Jelks arose to a privileged question and moved that the Arkansas Society appropriate $50 out of its funds as a contribution to the Sims' Memorial Fund. Motion was carried unanimously.

Dr. R. C. Prewitt, of Osceola, presented the the "report of the committee on state medicine, which showed the prevalence of only the ordinary malarial and other zymotic diseases in the State during the year.

MAY 2.—The society met at 9:30 o'clock. Dr. Z. Orto, chairman of the committee on the Medical Department of the State University, read the committee's report, which was highly complimentary to the school, and showed 29 matriculants and 15 graduates. Dr. Orto exhibited a vaginal speculum of his own device, which combines the qualities of a bivalvular and a Sims speculum. Some cases of local interest were reported by Drs. Jennings, Jelks and Orto.

A memorial was received from the State Pharmaceutical Society, urging the cooperation of the Medical Society in their efforts to secure a law in the State regulating the practice of pharmacy. Dr. J. E. Bennett reported two cases, one of five fractures of the leg, the other a case of death from cautherization.

Dr. W. B. Lawrence reported a case of large calcareous concretion in the knee joint. A very interesting paper by Dr. T. W. Hurley, discussed Medical Expert Testimony, deploring the present defective and unjust laws upon the subject. The discussion of this paper brought out Dr. W. B. Welsh, the orator of the society—the Nestor of Medicine in Arkansas, who had remained generally quiet during the meeting, saying more by his covert and insinuating interrogations than otherwise. Dr. W. severely condemned our present manner of securing expert testimony by the courts.

The following officers were then elected.

President, Dr. T. W. Hurley; Vice-President, Dr. W. B. Hart; Secretary, Dr. W. P. Gibson. After the usual votes of thanks, the society adjourned to meet upon the call of the Secretary at Fort Smith.

Although this meeting was not so largely attended as usual, it was probably the most interesting one in the history of the association. More than double the number of scientific papers were read than at any previous meeting.

Conspicuous for their absence were Drs. McGavoc, Linthicum, D. Wood, and others, who were either detained by interrupted trains or important engagements at home.

ANNUAL MEETING OF THE TEXAS STATE MEDICAL SOCIETY.

BELMONT, TEX., April 22, 1884.

The society was called to order by President A. P. Brown, M. D., of Jefferson; about three hundred members present. Mayor Chamberlain delivered a short and well-worded address, which was followed by a similar address by Hon. X. B. Saunders, and was responded to by the president. Dr. Straute, of Cisco, read a paper on "Continued Fevers," which was discussed.

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In the evening Dr. R. W. Parks delivered an address on "Evolution," and was followed by Judge X. B. Saunders with some remarks on "Medical Jurisprudence."

APRIL 23.—Dr. Willis, of the committee on the State mineral waters, made a report which showed that Texas had an abundant supply of mineral springs of great value. New members were elected and various committees reported, and other routine business was transacted. Dr. Geo. Cupples read a papper on the "Relation of Physicians to State Medical Legislation."

Afternoon Session.— Dr. Wm. Roynesdale read a paper on the "Natural History of Cestoidia," and Dr. C. R. Johnson read a paper on "Hot Water in Heart Failure." A paper on "Alcohol in its Relation to Disease," was read by Dr. J. C. Milner, which was discussed.

In the section on surgery Dr. H. W. Dudley read a paper on "Animal Ligatures and Sutures."

The society then took a recess, for the purpose of being photographed in a body.

Papers were then read as follows: Dr. W. A. Davis, "Stricture of the Male Urethra;" Dr. W. C. Trueheart, "Periosteal Grafting;" Dr. Goldman "Antagonism of Syphilis and Carcinoma." Dr. J. Osborne exhibited a mulberry calculus one and one-fourth inches long, one-third of an inch in diameter, which was taken from the urethra of a girl four years and a half old. President A. P. Brown delivered in the evening an eloquent and able address, on The Progress of Medicine, after which Dr. Swearingen delivered an eulogy on the deceased Dr. D. T. Manning.

APRIL 24th.—The morning was taken up by reports of committees and routine business. The committee on legislation reported a draft of bill to be presented to the Legislature; it contains twenty-four sections; the following are the most important:

SECTION 1. Not to practice without registered license.

2. For the establishment of a Board of Censors, with power to examine applicants for license.

3. The Board of Censors to consist of two in each district, appointed by the Governor on recommendation of the State Medical Association, and confirmed by the Senate.

4. Examinations to be in writing. Any applicant shall not be discriminated against on account of the system of practice he may advocate.

5. The fee for license to be $15 25.

6. Applicants for license shall be examined on anatomy, chemistry, obstetrics, materia-medica, therapeutics, physiology, pathology, surgery and hygiene.

7. License must be recorded in each county before beginning practice therein. Physicians living in other States on the border must obtain license as above before practicing in Texas. Physicians now practicing and licensed need not pass such examination. The balance of the bill provides methods, penalties, etc., and is not of special interest.

At the afternoon session various papers were read and discussed. The following officers were elected for the ensuing year: President, Dr. H. C. Ghent, of Belton; First Vice-President, Dr. E. F. Becton, of Sulphur Springs; Second Vice-President, Dr. H. H. Darr; Third Vice-President, Dr. M. Matkin; Dr. W. J. Burt holds over as Secretary, as does Dr. J. Larendon, of Houston, as Treasurer.

Houston was selected as the next place of meeting. A resolution indorsing the old code was passed. Dr. Wallace, of Waco, delivered an address on the "Cause and Increase of Insanity." In the evening, a grand ball was given in honor of the society. The meeting was highly successful in point of attendance and work done, and fully upheld the high standard that the Texas Medical Association has reached.

ANNUAL CONVENTION OF THE AMERICAN MEDICAL ASSOCIATION.

WASHINGTON, D. C., May 6.—The American Medical Association met in annual session at the Congregational Church. Delegates arrived in such numbers that previous to the hour of meeting the vestibule of the church and entrances were crowded with long lines of members waiting to be registered. Over 500 delegates had registered this morning and new names were constantly added to the list. Inside the church delegates were, scattered about in groups. In the galleries were seated a large number of persons, interested spectators in the proceedings. Members of the Washington committee were busily engaged in completing the arrangements for the meeting of the sections. A single mass of flowers, with the letters "A. M. A." upon a white background, rested upon the desk, and gave the only touch of color to the scene.

At 10:45 the President of the association, Dr. Austin Flint, of New York, preceded by Dr. A. T. P. Garnett, Chairman of the Washington Committee on Arrangements, came upon the platform, and their appearance was greeted with rounds of applause by the delegates. Seated on the platform were Dr. Kinlock, Charleston, S. C., First Vice-President;

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Dr. T. B. Lester, Kansas City, Second Vice-President; Dr. A. L. Ghion, United States Navy, Third Vice-President; Dr. W. B. Atkinson, Philadelphia, Permanent Secretary, and Rev. W. A. Leonard, rector of St. John's Church, this city. Dr. Garnett called the association to order, and asked Rev. Mr. Leonard to offer a prayer. The reverend gentleman concluded his supplications with the Lord's Prayer, which the members of the association repeated with him. Dr. Garnett then introduced the President of the association, Dr. Austin Flint, and in response to hearty applause Dr. Flint bowed his thanks.

THE WELCOMING ADDRESS.

Dr. Garnett, in welcoming the members of the association, referred to the peculiar advantages possessed by this body, which is not affected by sectional interests or by party ambitions. They had no constituency to whom they were responsible. They moved in a higher plane and they were answerable alone to the dictum of scientific truth—truths that they had discovered could not be patented for individual use or converted into practical profit by monopolies. He alluded eloquently to the mission, duties and responsibilities of a physician and to his peculiar experiences. What, he asked, in comparison to such an experience was a knowledge of human nature, acquired in the confidential council chamber of a lawyer or learned in the secrecy of the confessional, even, where remorse wrings truth from the penitent. Their daily experience forced them to recognize with humility that beyond all their knowledge, their mere experiences, they could not understand laws they could not explain or regulate, and powers and influences they could not control, and should they not, he asked, be taught by mental, moral and physical relations which these experiences brought before them an abiding faith in the wisdom of that Being who has made the ministry of pain and death a part of His divine administration in nature and nature's order animate life? He referred to the value and importance of these periodical gatherings and the useful results which had thus far followed the successful administration of the grand organization. "In welcoming you then, gentlemen, to this beautiful metropolis," said Dr. Garnett, "I hope I shall be pardoned for the indulgence of that natural pride which prompts me to predict that at no very distant day to the many physical beauties and natural advantages which she at present possesses, and which assure her future grandeur, splendor and power, there will be added the sublimest achievements of intellectual effort, the wonderful evolutions and demonstrations of professional science, the highest conception and skillful execution of perfected art, representing all nations of the earth and conspiring to make Washington the centre of those educational and intellectual movements which, in their development, exercise so large an influence in molding the national character and in shaping the destiny of our people."

The list which was read by the secretary showed the presence of 590 members, but additional delegates will come in to-night and to-morrow.

Dr. J. H. Trumbull, of Ohio; Dr. J. A. Marshall, of Massachusetts; Dr. Garlick, of Racine, Wis., and all the members of the Medical Society of the District of Columbia were made members of the association by invitation.

THE ANNUAL ADDRESS.

President Flint then began his annual address. From personal recollections he could speak of the enthusiasm which characterized the first convention, in 1847. The motive for organizing the association was stated in the call to be the improvement in medical instruction and the advancement of standard medical requirements. Its growth and development have been rapid. It has passed the age of youth, and its present flourishing condition is sufficiently attested by the present meeting. He then spoke of the advance which was constantly being made in medical knowledge. He thought the time devoted in colleges to Greek and Latin might more profitably be devoted to the study of physics, chemistry, French and German. The members of the profession in this country are honored, and their social position is higher in no country. Sweeping charges against the profession at large, and at medical schools by members of the profession, are harmful as well as unjust. The evil doing of a few schools ought not to be the basis of attack upon all. The overcrowding of the profession by new aspirants is attributed to the excessive number of medical colleges, and, granting that this is true, the profession must rely upon itself to correct such an evil by refusing to accept such students, and by declining to sanction doubtful institutions. The speaker suggested that a committee on education be appointed to confer with the faculties of schools and colleges, in order to secure uniformity in standard requirements for matriculation and graduation. It had also been suggested that the title of M. D., be made simply honorary, and that it should not entitle a man to practice. The speaker reverted to the ex-

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cellence of the medical code adopted in the early days of the association, and which was still in force. He would suggest that a resolution be adopted specifying with more precision grounds for refusing co-operation with irregular practitioners. He thought that assuming some sectarian name ought to place a practitioner out of the pale of the medical code, and this sentiment was applauded by his listeners. He spoke of the medical library at the Army and Medical Museum as the largest exclusively medical library in the country. He expressed the hope that congress would soon provide a permanent building for the reception of these books.

Dr. Sayre, of New York, moved that a committee be appointed to carry out the suggestion that the International Medical Congress be asked to meet here in 1887.

The president's address was referred to a committee of seven, to report upon the recommendations therein contained.

After the announcement of meetings of the various State delegations, the association adjourned until to-morrow.

RECEPTION AT THE WHITE HOUSE.

In the evening the society was tendered a reception by the President. The arrangements were very elaborate. The suite of state apartments on the ground floor were open and decorated, and, in addition, all of the rooms of the second floor, with the exception of the President's private chamber, were thrown open to his guests. The Marine band was stationed in the vestibule, and at 8:30 o'clock struck the first chords of "Hail to the Chief" as the receiving party descended the stairway and entered the blue parlor. Col. Rockwell and Marshal McMichael made thepresentation,and the President was assisted in receiving by Mrs. Gresham and Mrs. Brewster. In addition to the thousand members of the association now in the city, many of them accompanied by their wives, there were many officials and society people by invitation of the President. Secretary Frelinghuysen, Secretary Lincoln, Secretary Chandler, Postmaster General Gresham, Attorney General Brewster and and Secretary Teller were all in the the Blue Parlor back of the reception party. Admiral Rogers and Lieut. F. B. M. Macon, accompanied the Siamese embassadors and presented them to the company in the Blue Room.

Among those present in the Blue Parlor were Justice and Mrs. Blatchford, Justice Harlan. Gen. and Mrs. Sheridan, Col. and Mrs. Michael Sheridan, Admiral Porter, Gen. Hazen, Mr. George Bancroft, Hon. Robt. C. Winthrop, Mrs. Bancroft Davis, Mrs. Jerome Bonaparte,Mrs. Craig Wadsworth,Senator and Mrs. Morrill, Mrs. Langton, Miss Berghmans, Miss Bailey, Mr. and Miss Caffrey, Mrs. Pollock,Commissioner, and Mrs. and Miss Loring, Mr. and Mrs. Henry Sanford, Mrs. Leiter, Mrs. Selfridge, the Hawaiian minister and Mrs. Carter, Count S. Arschot, Assistant Secretary and Mrs. John Davis, Mr. John Chew, Mr. and Miss Emery, Miss Lee, the Chilian, Russian and Japanese ministers, the Swedish minister and Countess Swenhaupt, Mrs. Dorsheimer, Mr. N. P. Hill, Representative and Mrs. Deman, Representative Horr, Senator and Mrs. Hawley, Senator and Miss Miller and many others.

MAY 7.—The second day's session opened with a much larger attendance of delegates. The list this morning contains about 1,200 names. The body of the church was entirely occupied with delegates, and many were compelled to find seats in the galleries. President Dr. Austin Flint called the association to order, and Rev. W. A. Bartlett, pastor of the New York avenue Presbyterian Church, offered prayer. The President announced the death of Dr. Gross, and a committee was appointed to draft resolutions of respect to the memory of the deceased. The various committees were named and the chairman of committee appointed to report on a resolution for securing a more competent medical sanitary service on the transatlantic passenger vessels made a report. He stated, after due consideration a bill was prepared and placed in the hands of Mr. Slocum, a member of Congress from New York, who had introduced it in the House, and it had been referred to the Committee on Commerce. The report was accepted and the committee continued.

THE READING OF REPORTS.

Dr. J. V. Shoemaker, of Pennsylvania, Chairman of the Section on Practice of Medicine, read his report, in which he traced the history of the practice of medicine, materia medica and physiology, with extended reference to the Bacillus theory. He referred in severe terms to the tendency manifested on the part of specialists to form cliques and exclude the rest of the profession from their deliberations. An attempt was thus made to form an aristocracy in the most democratic of professions. These strictures were received with general applause.

The next address was by the Chairman of the Section on Obstetrics and Diseases of Women, Dr. T. A. Reamy, of Ohio.

Drs. Buford and Stevens, representatives of the Canadian Medical Association, were invited to seats on the platform and made honorary members.

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An invitation was read from the managers of the New Orleans Cotton Exposition for the Association to hold its next meeting in one of the rooms of the Exposition building.

MEDICAL COLLEGES.

Dr. Henry Smith , of Philadelphia, offered a resolution which recited that an attempt was now being made to restrict by legislation the practice of investigating into medical science upon animals, as such restrictions are not needed by medical men, and would interfere with medical progress. The resolution provides for the appointment of a standing committee to oppose such legislation by all legitimate means.

Dr. Dalton, of New York, said this movement originated with an anti-vivisection society, and the effect of the proposed legislation would be to stop vivisection in colleges and schools. A professor would be unable to show his class the process of digestion, or the circulation of the blood in a frog's foot. This result was certainly not desirable. Further, the object of the society to prevent needless cruelty would find co-operation in the medical profession-

The resolutions were referred to a committee.

Dr. Atwood, of St. Louis, offered a resolution which set forth the objection to medical colleges advertising so generally as tending to increase the number of scholars and the lowering of the standard.

Dr. Benjamin, of Maryland, followed with a resolution urging upon all medical colleges the necessity of elevating the standard of education at least so far as to require preliminary examination, a three-year course, a register of attendance and practical demonstrations of diagnostic skill. He said now a medical student could obtain a diploma without ever having felt a man's pulse.

"Everybody wants to elevate the profession, and if we can do it by resolution let us do it," called out a delegate, and this evoked a hearty burst of laughter.

Dr. Henry, of New York, rose to speak on the question, and was expressing his opinion in a rather emphatic way about the disgrace which medical colleges were bringing on the profession. He was interrupted by a motion to lay on the table, which the President put and declared carried.

Dr. Henry called out that every time this question had been brought forward it was squelched in a most undignified manner.

A delegate called the attention of the Chair to the fact that he had only put the motion to lay on the table one way.

The Chair put the motion again, and the result of a viva-voce being doubtful, a rising vote was called for, and the association refused to table the motion by a very large vote.

Dr. Henry then resumed the floor and expressed the opinion that medical colleges were responsible for the discredit which had fallen upon the profession, on account of incompetent doctors.

This remark was greeted with applause and some hisses were heard.

"There is no use hissing!" exclaimed Dr. Henry, with considerable warmth. "I am an old soldier and know that the men who are hissing have some private ax to grind." He then continued his remarks, urging the necessity of elevating the standard of education in the profession.

Dr. Roberts, Chairman of the Section on State Medicine, said he intended to report a resolution with regard to medical colleges before the adjournment of the association.

The resolution of Dr. Benjamin was then adopted and the association adjourned.

May 8.—The third day's session of the Association was attended by 1,240 delegates, which represents the total attendance.

Dr. George J. Sterberg, U. S. A., offered a resolution stating that the exact knowledge necessary for the prevention of a majority of the infectious and pestilential maladies has not yet been obtained, and that Congress be petitioned to make suitable appropriations for the prosecution of scientific researches relative to the cause and prevention of infectious diseases on the human race, under the direction of the National Board of Health, and that a permanent detail of one medical officer of the army and one of the navy be authorized for the prosecution of researches of this nature.

The resolntion was adopted and a committee appointed to present the matter to Congress.

Dr. Keller, of Arkansas, presented a resolution which recited that in a few years the cremation of the dead would be regarded as a sanitary necessity; that a decision by the courts had pronounced this method legal, and that from hygienic, religious and sentimental standpoints this method of disposing of the remains of the dead was best. The author referred to the fact that the remains of the late Dr. Gross were now on their way to be cremated, and he asked the adoption of the resolution as an expression of the opinion of the association.

The Chair ruled that, as the resolution was introduced as new business, it was out of order at the time.

The recommendation was made that a committee of seven be appointed to invite the In-

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ternational Medical Congress to meet at Washington in 1887.

THE OFFICIAL JOURNAL.

Dr. Toner made a report relative to the official journal published by the association. N. S. Davis, editor of the Journal, at the request of Dr. Toner made a report, in which the condition of the enterprise showed the paper on a sound financial basis.

Dr. Toner, in continuing his report, stated that the editor, Dr. Davis, had tendered his resignation, but now consented to continue in that capacity another year.

Before action was taken upon the report Dr. Packard asked permission to submit a minority report.

"This is the first the Board of Trustees heard," remarked Dr. Toner, "of a minority report,"

Dr. Packard, in his report, stated that in his opinion the Journal had not reached the standard which the official organ of such an association as this ought to have. He thought it was not intended merely to be a journal of the proceedings of the association, but that it should be a strong, positive periodical, the organ of the association and the exponent of the latest ideas in medical knowledge. He had understood from the Chairman of the Board that the editor had drawn no salary, but his report showed that he had. His objection was not founded on this, but on the character of the present publication. He would suggest that a trained, paid corps of editors be employed, and the office of publication be removed to either Washington, Philadelphia or New York.

The minority report was laid on the table, 191 to 74, and the majority report adopted.

OFFICERS ELECTED.

The following officers were elected:

President—H. F. Campbell, Georgia.

First Vice-President—J. S. Lynch, Maryland.

Second Vice-President—S. D. Mercer, Nebraska.

Third Vice-President—J. H. Parsons, New Hampshire.

Fourth Vice-President—H. O. Ghent, Texas.

Judicial Council to fill vacancies—J. K. Bartel, Wisconsin; John Murphy, Minnesota; J. M. Toner, District of Columbia; W. Brodie, Michigan; H. D. Holton, Virginia; A. B. Sloan, Missouri; Dr. Ulrich, Pennsylvania; W. M. Beach, Ohio.

Secretary—W. B. Atkinson, Pennsylvania.

Assistant Secretary—W. H. Watkins, Louisiana.

Treasurer—R. J. Dunglison, Pennsylvania.

Librarian—Dr. Kleinschmidt, District of Columbia.

Officers of the various sections were named: S. S. Adams, of this city, was made Secretary of the Section of Diseases of Children.

Trustees of the Journal—H. F. Campbell, Georgia; J. H. Packard, Pennsylvania; L. Connor, Michigan.

Necrology—J. M. Toner, District of Columbia, Chairman.

New officers of sections are as follows:

Practice of Medicine—H. Didama, New York, Chairman; G. M. Garland, Massachusetts, Secretary.

Obstetrics and Diseases of Women—R. S. Sutton, Pennsylvania, Chairman; J. T. Jelks, Arkansas, Secretary.

Surgery and Anatomy—Duncan Eve, Tennessee, Chairman; E. B. King, Pennsylvania, Secretary.

Ophthalmology, Otology and Laryngology—J. T. White, Virginia, Chairman; Eugene Smith, Michigan, Secretary.

Diseases of Children—J. H. Pope, Texas, Chairman; S. S. Adams, District of Columbia, Secretary.

State of Medicine—E. W. Schaeffer, Maryland, Chairman; J. M. McCormack, Kentucky; Secretary.

Oral and Dental Surgery—A. W. Harlan, Illinois, Chairman; J. E. Means, Pennsylva- Secretary.

NEW ORLEANS THE NEXT PLACE OF MEETING.

It was decided to hold the next meeting at New Orleans the last Tuesday in April, 1885.

The regular programme was then resumed, and Dr. N. S. Davis, Chairman of the committee appointed on Meteorological Conditions and Their Relations to the Prevalence of Diseases, read a report.

From the same committee, Dr. Davis read a report upon the subject of collating investigations of disease in cooperation with a committee of the British Medical Association.

The Judicial Council announced S. S. Goode's application for admission as a delegate was rejected, because his society, the Somerset Medical Society, of Pennsylvania, was not recognized by the State Medical Society.

The Council declined to reopen the case of Dr. W. Day.

Dr. G. T. Parkes, of Illinois, Chairman of the Section on Surgery, was allowed to read his address by title.

The address of D. J. Roberts, of Tennessee, Chairman of the Section of State of Medicine, was posponed until to-morrow's session.

Adjourned,

[Concluded next Week.]

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CORRESPONDENCE.

A BAD EXAMPLE.

To the Editor of the Review.—It seems when our professional brethren from the East come West, they frequently forget to bring with them that knowledge, or at least that remembrance of the Code of Ethics, which should govern the conduct of regular physicians at all times and in all places. If members of the profession in the ordinary walks of mediocrity are thus neglectful, what shall we say of ex-professors, whose bright examples and sound teachings are advertised as an inducement to gain pupils, but who so soon forget to practice what they have so often preached. For instance a celebrity, in a recent number of one of our secular papers, thus announces his arrival:

"Dr. John Blank, who has been in our Territory for the past few weeks, came here to look over the country for a more congenial climate. He has fixed upon Las Cruces as the most favorable spot he has yet found. He has opened an office in the Commercial Hotel for the practice of his profession. His card will be found on the second page. Dr. Blank, after completing his studies in Toronto, and receiving his M. D., pursued his researches in Europe for about two years, and graduated at the Roval College of Physicians in London, and the Royal College of Surgeons in Edinburgh. He has been extensively engaged in the practice of his profession in Toronto for the past twelve years, and has occupied during that time the chair of practical anatomy in Trinitv Medical College, and also was engaged as hospital surgeon at the Toronto general hospital. We bespeak for him a large practice in Las Cruces, and hope his success will be such as to induce him to remain with us."

Now, I opine the faculty of Trinity Medical College, provided it is a regular school, will not be at all pleased to see how easily Professor Blank forgets his oft-taught lessons of professional ethics, nor do I imagine the Royal College of Physicians in London, nor the Royal College of Surgeons in Edinburgh, will be very proud of their graduates'unprofessional grande entre into the city of Las Cruces, New Mexico, (a city with a population of about 2,000). Ye gods! what an acquisition for this humble little town! Now, Messrs. Editors,it is bad enough for quacks and charlatans to use this kind of an unprofessional dodge, but when a reputed professor of a college in good standing, a doctor of wonderful skill and one carrying tacked to his name as much foreign honor as does Professor Blank—when this class of men condescend to these means, then we in the humbler walks of professional life wonder at the cheek and effrontery which guide them. If our teachers thus err, what of our students?

JAMES P. BOOTH, M. D.

Las Cruces, New Mexico, April 12, 1884.

To the Editor of the Review:—At the request of a number of members of the Missouri State Medical Association I have written the following resolution to be offered at the annual meeting of the Association at Sedalia, and in order to obtain the matured opinions of those of its members who have given the subject thought, I would respectfully ask that you publish this in your journal:

Resolved, That the Committee on State Medicine be instructed to urge upon the Legislature the enactment of such amendments to the laws creating the State Board of Health and Regulating the Practice of Medicine and Surgery in the State of Missouri, as to make the State Board of Health a Board of Examiners, who shall decide concerning the qualifications of all persons who desire hereafter to begin the practice of medicine and surgery in this State. Respectfully,

FRANK J. LUTZ, MD..

THE ST. LOUIS MICROSCOPIC SOCIETY is in a fair way of being resuscitated. A meeting was held on the 24th of April at the office of Dr. F. L. James. Mr. Tivy was called to the chair, and Dr. Ohmann-Dumesnil was appointed secretary. After a general discussion the chair appointed Drs. F. L. James, W. B. Hill, and Ohman-Dumesnil a committee on permanent organization, and then adjourned, subject to the call of the committee. At a subsequent meeting the following officers were elected: President—Dr. F. L. James; Vice-President — Dr. W. B. Hill; Secretary — Dr. Ohmann-Dumesnil;Treasurer—Dr. Thos. F. Rumbold. The meetings take place upon the first Friday of each month at Dr. James' office. Membership is not limited to physicians; any one interested in microscopy is eligible.

THE SOUTHWEST MISSOURI MEDICAL SOCIETY met at Peirce City April 29, the president, Dr. Rhodes, in the chair. The society listened to an address by the president, after which new members were elected, committees appointed, and routine business transacted. A case of epithelioma of the lip was presented and discussed. A paper on Pneumonia was read by Dr. Brooks, of Carthage, and discussed by the society. At the afternoon session papers were read by Dr. J. E. Teft on "Injuries of the Heart;" by Dr. Mathews, "Use of Ergot." Dr. C. E. Sevier reported a case of hydrophobia, in which the patient died several weeks after being bitten by a dog; a mad-stone had been applied early in the case.

The following resolution was adopted by the society:

Resolved, That the State Health Board, as now organized and conducted, is of no service and is not calculated to be of service to the medical profession or to the people of the State under the present law.

The following officers were elected: President —Dr. Brooks, Vice President—Dr. Quigley, Recording Secretary—Dr. Lane, Corresponding Secretary—Dr. Rutledge, Treasurer—Dr. Wills.

Drs. Robinson, Rutledge, Wills and Wright were elected delegates to the State Association.

The next meeting will be held in Peirce City some time in October.

Dr. Frank L. James has been selected by the St. Louis Druggist as editor of its Therapeutic Department. Dr. James is an experienced chemist, microscopist and physician. His large experience as a lecturer and writer will make him a valuable addition to medical journalism.

The German government is truly paternal in caring for its citizens. It allows the use of poisonous pigments in only such wall-paper as is intended for exportation.

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THE WEEKLY MEDICAL REVIEW.

VOL. IX. No. 20. CHICAGO AND ST. LOUIS, MAY 17, 1884. TERMS: $3 A YEAR.

THE AMERICAN MEDICAL ASSOCIATION AT WASHINGTON.—The Thirty-fifth Annual Meeting of the American Medical Asssociation has, as far as the actual meeting is concerned, been numbered with the events of the past. Its influence, however, will continue to diffuse itself in various ways throughout the length and breadth of the land. It is impossible but that the majority, while they may not be able to itemize many individual facts which they have acquired, will return to their various spheres of labor with enlarged views of the various departments of medicine, which enlarged views will enable them to continue their work with greater satisfaction to themselves and greater benefit to their patients. Nor is this all. Whilst the physicians' work is primarily to heal the sick, he is still a member of the great commonwealth, and a visit to the capitol, which ought to be a religious act of every citizen of the United States, will remind him more forcibly than almost any other means of the sacred duty which devolves upon him as one of the commonwealth's citizens. The city of Washington, which has so fraternally entertained its visitors from all the various cities and hamlets of the Union, gives evidence of the wide, deep and powerful intellect which rules the nation. This evidence shines out from its public buildings—inferior to none; in its well-kept, capacious streets, and in its tasteful, elegant homes. A sight of this inspiring evidence will serve to stimulate the medical fraternity so that the department of the world's progress which it has undertaken to foster shall keep pace with the general progress being everywhere made. We are not afraid but that the practical part of medicine is as efficiently accomplished in America today as in any part of the world, but as to the scientific side of the question we are unquestionably in the rear.

The increased numbers of this association at this meeting, amounting to about 1,250, must be a source of congratulation to those who have been its guiding stars.

The journal of the association has become an established fact, and it is probable that its circulation has contributed materially to the increased numbers present at the meeting which has now passed away. Whilst we congratulate the association on the establishment of the journal, and on the retention of its present editor for another year, we are also sure that the opposition on the part of Dr. Packard, will have its influence in developing a marked improvement during the present year. The fact is, that so onerous a duty should not depend upon one individual, and that more extensive preparations should be made for a more general representation of American medical thought than has been done in the past.

It would be unjust, whilst we congratulate the association on its increase in membership and attendance, not to call attention to one radical defect in its mode of working, which, if not changed, will greatly retard the usefulness of its work. The committee on nominations practically elects not only the principal officers of the association, but also the officers of the sections. As a result of this, it often happens that chairmen and secretaries of these sections are elected who are practically unknown to the prominent members of the section, and without any regard whatever to their fitness for the office. One glaring instance of this occurred during the session just closed. A chairman of a section was nominated and accepted who had never attended any meeting, not even this meeting, and who had only within the past few weeks been admitted a member of a local society, by virtue of which he was entitled to attend. This was, however,

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corrected before the adjournment. It only shows, however, how necessary some change relative to the election of these officers is. The most qualified body to elect the chairman and secretary of the sections would certainly be the section itself. Due attention might then be given relative to the honor associated with the office and to the capacity of the individual to hold the various members to the subject proper of the paper in discussion and to confine them to the time allotted them. This part of the chairman's duties is of the very first importance, and may well be illustrated by the last session of the section on Practice of Medicine, etc. If the author of the paper had clearly understood that it was necessary, in justice to the participants, to confine his remarks to twenty minutes, he or some one else for him could have said all that he did say in even less time. Moreover, those who took up the subject afterward, with few exceptions, did not discuss what had been said, but discussed what the author had previously written. Some actually prepared papers and handed them in on that occasion. The chairman, under such circumstances, whilst his sole motive was evidently that of courtesy to the speaker occupying the floor, was evidently unjust in his ruling to all; and especially unjust to those who prepared papers on other subjects. There was scarcely a single idea advanced on the subject of tuberculosis which had not again and again appeared in the current journals, whereas, in papers which were to have followed, but which were crowded out, a good deal of variety might have been presented. It is a pity that a prominent timepiece cannot be so arranged as to remind the speaker of his encroachment, or that a bell cannot be struck to indicate the expiration of the time. There was one circumstance which occurred in connection with the registration which cannot but be regretted by all. One gentleman from New York, an author of recognized repute, and a gentleman in every sense of the word, on presenting his paper for registration was requested to state whether he signed that paper without reservation, and then still further asked if he had carefully read the small print at the bottom of the leaf. Such conduct need only to be mentioned to be censured by every one, and the offender ought, of his own free will, to render a public apology.

The exhibits from the various publishers, and instrument makers and manufacturers of fine drugs, etc., gave the members an opportunity of seeing what there is of value that has been introduced during the past year.

The social entertainments were of such a nature that the association will gratefully remember both the entertainers and the committee of arrangements who succeeded so well in devising them. The next meeting is to be in New Orleans the last Tuesday of April, 1885.

A Neglected Field in the Study of Tuberculosis.—Notwithstanding the remarkable amount of industry and ingenuity which has been displayed during the last two years in the investigation of tuberculosis, reflection shows that at any rate one aspect of the question has been considerably neglected. The efforts of the microscope have been taxed to their utmost, and it must be confessed that the fruits of such labor have been both abundant and important. It is a fact, however, that no individual branch of science can develop very far in its theoretical and practical bearing without assistance from some of its branches, and it is now time that the chemist should direct his attention to the condition of the soil in which the bacillus tuberculosis thrives. We speak of this the more confidently on account of the remarkable work which has been of late accomplished at Amherst under the direction of Dr. C. A. Goesman. About the same time, or even before, Koch was investigating the fungus influence of tuberculosis, the Agricultural Department of Amherst was turning its attention to the physiological and pathological conditions of certain of our fruit bearing trees, and they also found that the non-development of the fruit of a certain tree was due to the invading influence of a certain fungus, but they also found that that fungus could only

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thrive when the normal condition of the healthy plant were disturbed. They did not, however, confine their attention to the microscopical observation of the fungus and its cultivation in a purely artificial medium. They set to work and examined the soil on which the parasite, by a natural process of selection, alighted and throve. The results have been brilliant beyond expectation—brilliant in their practical bearings.

We will pass by the general experiments, merely remarking that they found that the actual amount of mineral constituents of plants, found by calcination, varied but slightly; yet the relative quantity of the individual minerals varied greatly, and that the variations corresponded to certain abnormal manifestations. To be more definite, however, we will refer to their observations on the disease of the peach trees, known as "the yellows." In this affection, the peach, instead of developing its classical bloom, fails to attain its full size, sickens and dies. Conjoint investigation of the Chemist and Physiologist in the laboratory at Amherst showed that this affection was due to the presence of fungus, but it further showed that the fungus developed only on condition that the normal proportion of the different was disturbed; and in the case of the peaches this disturbance consisted in the substitution of the normal salts of potassium by the salts of lime. It seems from the observations at Amherst, that where the normal constituents of the plant are within reach and in appropriate form, they are incorporated into the tissues of the plant in such proportions as are consistent with its full functional development. But where the necessary salts are not found or are in an unappropriable form, other minerals are appropriated, but functional disturbances occur. In the disease known as "the yellows," it was found that the lime preponderated to the exclusion of the potassium and that when a supply of potassium in the form of the chloride was furnished to the trees, the excess of lime disappeared, the yellows and the fungus vanished and the peaches ripened.

It is not necessary to call attention here to the similarity between the animal and the vegetable physiology; it is too well recognized and apparent. And as the superb work of Koch shows that the bacillus stands in definite relation to the affection known as tuberculosis; and as chemical observation shows us that the bacillus develops by preference on certain soils, should we not follow the lead of the men at Amherst and investigate the nature of the soil on which the bacillus thrives by preference. This is certainly the most promising field for future discoveries, and the most promising for practical results. Koch, himself, intimates that the bacillus once installed, it is useless to expect to dislodge it by disinfectants. The only hope is to keep it out or to render the soil distasteful to it.

We submit that the time for such observations is propitious, for the public are becoming more reconciled to the act of cremation, and that will facilitate the presentation of a more accurate knowledge of the actual amount of mineral salts in the human body, and it is but one step thence to a systematic estimation of the actual and relative amount of salts in the various organs. Any work in this direction will have to extend over a great number of observations on the various organs from all ages, in all seasons, from various localities, in health and disease, of various callings, and in both sexes. The work of course is great, but the chemists in America have contributed very little to the scientific wealth of the world, and we trust they will not be slow to enlighten and enrich us on this important topic.

If it has been shown, and it has, that a small diminution of potassium salts in the tissues of the peach tree means the presence of the fungus—means the death of the peach—why may not a small increase or diminution of salts of one kind or another in the tissues of the lungs, or other organs, be the hitherto unexplained "disposition" which constitute the other factor of the affection known as tuberculosis?

GUN SHOT WOUNDS OF THE INTESTINES.—One of the most important papers which was read before the American Medical Associa-

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tion, if not the most important, was the paper by Dr. C. T. Parkes, Professor of Anatomy at Rush Medical College, Chicago. It was abundantly illustrated with diagrams and pathological specimens. The object of the paper was to elucidate the problem associated with wounds of the alimentary canal, but especially of the small intestines. Hitherto the uncertainty of the action of the medical attendant has only been excelled by the uncertainty of the diagnosis, and the certainty of death following on the expectant treatment. The result of Dr. P's observations, however, will lead to more active measures, at any rate in certain class of cases. We have endeavored to seize the general scope of the paper in the lines which follow and our readers can thus judge themselves of its value:

Reflections on the results of thirty-seven intentional gun-shot wounds of dogs with the desire of increasing our definite knowledge on the subject. The idea was due to a reflection of the late lamented Dr. J. M. Sims in which, in 1882, he advocated surgical interference to supplant the expectant treatment in such cases. Nothing more than a recital of personal observation was attempted. The main object sought was to contribute toward a definite line of procedure in the the event of such cases coming into the surgeon's hands. The fire arms were rifles and revolvers at short range, the animal being anæsthized. The firing after a few shots showed it to be impossible to expect any favorable results from shots which wound such large viscera as the kidneys,spleen, etc., in addition to the alimentary canal. The plan was then adopted of so directing the bullet that for the most part only the bowel, together with such organs as the ball in its uncertain course should encounter, should be injured. The prime object in view was rather wounds of the intestines that that of other organs.

It was deemed unnecessary to detail each case but attention was first directed to the resulting hemorrhage as the most common and certain cause of death.

In the abdominal cavity, hemorrhage is practically always fatal; from large vessels immediately; from small, though less rapidly, scarcely less fatal. The interior of the abdomen favoring hemorrhage both by the looseness of the tissue and the absence of the peculiar influence of the atmosphere. As a matter of fact the abdomen is always found filled with blood, and when first opened the blood is seen still flowing,but a marked change is developed by the influence of exposure to atmosphere. The small arteries and veins stop when completely exposed. If any orifices are allowed to remain closed only with clots and the whole returned into the abdominal cavity, the clots soften and the bleeding recommences. Consequently all bleeding vessels must be diligently sought and securely ligated.

Early in the investigation mortification having occurred in a part of the alimentary canal after the ligation of two mesenteric arteries, observations were made to determine whether that was due to the mere ligation of the vessels of certain part but it was found that anastomoses were so abundant that collateral circulation was soon established.

The track of the bullet was shown to be as uncertain in the relatively soft parts of the abdomen as when it encounters the more solid structures, and that a bullet of 22 calibre sometimes made a very large wound whilst one of 44 made a very small one. To support the statement that no opinion based on the points of entrance and exit of the bullet as to the organs which may be injured was of any value, the case was cited in which a bullet entered the abdomen on the right side, two inches from the mid-line, furrowed the peritoneum, was deflected by a knuckle of intestine, so that it passed outward through the abdominal wall to the left side of the mid-line, re-entered the abdomen and was again deflected by another knuckle of intestine, when it made its exit three inches to the left of the mid line, thus passing through the abdominal walls four times! Another bullet took an irregular course through the stomach. Two passed though the abdominal walls, the entrance being five and six inches apart without wounding the intestines One

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did not effect a passage into the cavity, but the concussion resulted in a bleeding spleen which lay beneath the bullet. The intestines were always wounded when the track lay through the space they occupied. The wounds in the intestines were sometimes so close together that one resection embraced several wounds, completed the necessary operation. Sometimes they were far apart and the damage done by each perforation was great and three or four resections were necessary. The entrance and exit of the bullet into the intestines themselves showed great diversity;—sometimes passing straight through;—merely cutting off the mesenteric junction;—just passing through the prominent part of the knuckle of intestine—sometimes traversing the intestinal tube for various lengths. One case exhibited ten perforations in eighteen inches of tube.

EXTRAVASATION OF THE CONTENTS OF TUBE occurred in every case where the tube was wounded. This corresponded to the author's observations relative even to the use of the medium size aspirating needle in the relief of flatus in the human intestines, the flatus has been removed but the patient has died nevertheless. The certainty of a fatal result associated with extravasation constitutes a forcible argument in favor of surgical measures in such cases.

Among the extravasated material were worms, numerous both in kind and numbers.

IN THE MODE OF OPERATION,

long incisions were made in the mid-line regardless of the external bullet wound. Snap forceps were used for the control of hemorrhage wherever it was found; this was always found found necessary whenever the mesenteric juncture was wounded. Contents of the bowels pressed back out of the way and the lumen temporarily closed with the fingers of assistants, if possible. Intestines turned on to a warm moist cloth. Wounds of special organs sought and attended to—organ removed, if severely wounded,and ligated or stitched if only slightly wounded. The peritoneal cavity entirely freed from blood. The resections made, sutures inserted and intestines returned.

SPECIAL DETAILS OF UNITING THE INTESTINES.

When several wounds occurred close together, one piece, even if it amounted to ten inches, was removed. Where the wounds were far apart separate sections were made. After a few operations it became evident that it was desirable to select the spot for the division of the tube where a mesenteric artery approached the nearest to it. In other cases sloughing seemed to occur. Immediately after the severing of the intestine a marked contraction of the circular fibres occurred followed by a rolling out of the mucous membrane. This rolling out of the mucous membrane increases the difficulty of inserting the sutures. After various devices it was found that it was best to proceed as though no turning outward occurred. Wherever a resection was made for a single bullet wound not affecting the mesenteric junction it was found necessary to cut out a V shaped piece, the apex of the V being turned toward the mesentery. In simple abrasions of the intestines the integral parts of the peritoneal surfaces were brought together thus converting the wound into a linear one. The same plan was adopted in wounds of the stomach, and it evidently has a wide application relative to certain wounds of the intestines.

Wounds affecting the mesenteric border of the bowel were always the most serious and always required complete resection of the part affected. This particular part is also the most difficult to stitch neatly together. The re-inversion of the mucous membrane at this point is particularly difficult. The nature of the difficulty will be appreciated when it is remembered it is absolutely necessary to embrace in the suture both the peritoneal and the muscular coats, at the same time to avoid going through the intestine. This is the most difficult part in which to place sutures, it should always be sustained by three sutures. It was then found best to place one on the opposite side and then one-half way down on each lateral surface. The remainder are then easily kept.

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Lembert's sutures were found the best, Lembert, however, used his sutures for small wounds and consequently required only a narrow part of the peritoneum to be brought into apposition. In these cases one-third of an inch was necessary. This method never failed to be followed by good union when properly applied with peritoneal surfaces around the entire circumference of the intestine. The sutures must not be too tight.

The treatment of the mesentery constituted a real difficulty and no plan proved altogether satisfactory. It was tied in sections and also united and fastened in close contact with the united bowel; the latter proved the better of the two. Another plan was later on in the experiments suggested, namely, that of leaving a small strip of the bowel adjoining the mesentery intact, merely stripping off the mucous membrane and then doubling upon itself and sewing it together. This method promises good results. Sometimes large tracts of the intestine had to be removed, as the same care relative to hemorrhage in it has to be observed.

The external treatment was iodoform and oakum, the same being applied to the parietal wounds.

DEDUCTIONS FOR DIAGNOSIS AND PROGNOSIS.

That it is impossible to diagnose the nature of the difficulty inflicted in gun-shot wounds of the abdomen by an inspection of the entrance and exit of the bullet. That any perforations of the bowel, even a needle perforation means extravasation:

That extravasation of the contents of bowel and expectant treatment means death.

PRACTICAL POINTS FOR GENERAL GUIDANCE.

Never probe the bullet tract. In bandaging, cover the wound with any favorite powder.

When there is reason to suppose the intestines are probably wounded make a long incision in the median line and explore. Turn out the whole of the intestines on to a clean, warm, moist cloth, examine and protect the wounded parts of the bowel as they are found.

Ligate every bleeding vessel.

Treat the large individual viscera, not included in the alimentary canal, by extirpating or stitching according to extent of injury.

As a matter of course everything to be done by the most approved methods in reach —time not being an unimportant element.

THE WOUNDS THEMSELVES:

In the stomach stitch up and give the appearance of an incised wound. The same kind of procedure can be adopted in small wounds and abrasions of the intestines and some of the large viscera. In wounds affecting the mesenteric junction of intestine always resect. When several wounds occur, say within four inches apart, make one resection to cover the whole.

The treatment of the mesenteric stump requires further study, but has given the best results so far, when stitched to the points of union of the bowel.

THE STITCHING

of the bowel is best done by securing, first of all, the mesenteric junction by about three stitches, then the point opposite and two others laterally, the remaining stiches to suit convenience, one-eighth of an inch apart. The stitch must always include peritoneum and muscle but never go through, the mucous membrane. The mucous membrane must be turned in and not cut off.

THE AMERICAN SURGICAL ASSOCIATION elected the following officers for the ensuing year: President, William T. Briggs, Nashville.; Vice-Presidents, J. C. Hutchison, Brooklyn, N. Y., and E. H. Gregory, of St. Louis; Secretary, J. R. Weist, of Richmond, Va.; Treasurer, John H. Brinton, of Philadelphia, Pa; Recorder, J. Ewing Mears, of Philadelphia; Council, Henry F. Campbell, Augusta, Ga.; Hunter McGuire, of Richmond, Va.; P. S. Connor, of Cincinnati, and J. S. Billings, of Washington, D. C.

Washington was selected as the next place of meeting, to take place in April, 1885.

CORROSIVE SUBLIMATE AS A SPECIFIC IN DIPHTHERIA AND CROUP was advocated by Dr. Geo. A. Linn, of Monongahela, Pa., be-

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fore the American Medical Association. In order to obtain the specific effect of the drug, he considered it necessary to give it in large doses in the early stage. The dose for a child three years of age is from one-twentieth to one-twelfth of a grain; for an adult, one-twelfth to one-eighth of a grain every three hours. In mild cases it should be continued for three days, and in malignant cases for two or three days longer. It is best given in solution, and a good vehicle for administering it is elixir of pepsin or elixir of pepsin and bismuth. If this treatment be instituted at the commencement of the disease no tonics or sustaining treatment will be required; but if the disease has lasted for some time, brandy and iron are to be also employed. "In cases where the membrane invades the larynx, there may be danger of suffocation, but this is due more to spsam than to the presence of the membrane. For this condition the author considers the chloride of gold to be a specific. It has no taste; produces no nausea, and acts like a charm. The dose for a child two years of age is from one-fiftieth to one-thirtieth of a grain every hour until relieved. It should be given dissolved in distilled water, and should not be brought in contact with a metal spoon. For simple croup the author regards this as a specific. In diphtheritic croup the bichloride of mercury should be associated with it."

This is the same old story told over; whenever a so-called anti-septic comes into fashion we hear the same tale. Internal antisepsis is the great cure-all in zymotic diseases.

"For simple croup the author regards this as a specific. In diphtheritic croup, the bichloride of mercury should be associated with it." O Tempore! O Mores! O Post Hoc! O Propter Hoc! O——!

A Review of the Germ Theory of Diseases was made by Dr. Henry O. Marcy at the recent meeting of the American Medical Association. He related a number of original experiments which had been undertaken to prove the truth or falsehood of certain theories in reference to the actions of the liquid ambient matter.

It had been asserted that unless a well-washed bacillus be placed in a sterilized nutrient fluid, it was impossible to determine what was due to the germ and what to the liquid ambient matter. In about fifty experiments Dr. Marcy employed different kinds of nutrient matters, including blood-serum, the white of fresh eggs, and fresh milk, and tried to determine their germinal qualities. These experiments failed to show that these materials possessed any germinal powers, and that they simply served as nutrient fluids. Previous experiments made by filtering the fluids from anthrax and injecting them into healthy animals had proven the same thing.

In order to establish the relation between these germs and disease, it is necessary to separate the organisms from other materials and prove that they produce the particular disease. The best method to free the germs from surrounding matters was considered to be the culture test. If, as had been shown by the author the liquid ambient matter did not reproduce, in two or three generations, the germs would be practically freed from the original matter which surrounded them. Taking a geometric series of one-hundreth, the thirb bulb would contain only one-millionth of the original matter.

The methods employed by the doctor had been various, sometimes the mechanical occlusion of blood-vessels, sometimes deoxidization of the blood, chemical changes, and so on. Particular attention was directed to the condition of the individual attacked, the most favorable conditions being those of debility. Especial reference was made to tubercle, diphtheria, and erysipelas. In reference to the last a series of original experiments were reported, including a number of culture tests, inoculation experiments, and so on.

The Resolution on the Death of Prof. Samuel D. Gross, passed by the Surgical Section of the American Medical Association read as follows:

Resolved, That the members of the Surgical Section of the American Medical Association have received with a sense of profound

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regret the intelligence of the death of Prof. Samuel D. Gross, of the State of Pennsylvania, one of the greatest ornaments of this association, and one of the most distinguished teachers and authors in the medical profession of the United States.

Resolved, That the memory of the deceased deserves to be cherished with love and veneration by the members of the medical profession as that of a man profoundly versed in medical science, and worthy to be ranked with the greatest and ablest of our age and country.

He has mastered the vast learning of his profession, and the natural kindness of his great and generous heart was such, that throughout his long and successful career as a practitioner he was continually experiencing the most intense satisfaction and pleasure in relieving by his science the suffering of humanity.

Resolved, That these resolutions be entered upon the journal of the proceedings of this Section, and that the chairman transmit a copy to the family of the deceased.

DR. J. M. KELLAR, Chairman.
DR. AUSTIN FLINT, JR.
DR. LEWIS A. SAYRE.
DR. R. A. KINLOCH.

A NEW METHOD OF PROCURING MEDICAL STUDENTS has been devised by a St. Louis institution, and we take the liberty of calling the attention of other medical colleges to the scheme. Whilst we are not in the habit of giving business notices of any kind in the pages of the REVIEW, we cannot in this instance refrain from so doing, and therefore append a full text of a circular issued by this enterprising Medical College, which is, we are informed, one of the most prominent "Eclectic" schools in the country. The plan of paying a commission for all students sent is a commendable one, and enables physicians to turn an honest penny, and at the same time, according to the circular, advance the cause of higher medical education. As far as the physician is concerned, it possesses obvious advantages over the "beneficiary" system. The circular reads as follows:

ST. LOUIS, MO., March 22d, 1884.

MY DEAR SIR—You are a graduate of The ——— Medical College, and with this we furnish you a copy of our Annual Announcement, containing a complete list of the Alumni, including your name.

While this school is well established, and sustains an enviable reputation for thorough work and careful management, we are exceedingly anxious to still further extend its popularity and influence. In our efforts to do this we know that you can help us materially and in asking your co-operation in advancing the interest of your Alma Mater, allow us to call your particular attention to the following facts:

Our professional and legal rights and privileges, at home and abroad are now equal with other first-class medical colleges, and in order that we may surely maintain the standing we now occupy, and that we may secure even more extended National rights and privileges, it is highly necessary that we should be thoroughly organized, and our numbers increased as rapidly as a healthy growth will allow. By systematic organization and concentration of purposes and work we can more certainly elevate the standard of medical education, and attract the attention of students who are about to enter the medical profession. Well educated young men should be solicited and urged to associate themselves with us; and the advantages of our school should be clearly and forcibly presented to all students who contemplate graduating in medicine.

From your personal knowledge of The ——— College, you are at once prepared to present its claims. Its advantages are set forth in our Announcement, and it only remains for you to verify the truth of the statements it contains. Should you, however, on account of long absence from college, require any information necessary to further qualify you to represent our cause, we will cheerfully and promptly furnish you with full information upon any point inquired about.

While it is certain that the growth and prosperity of The ——— Medical College will always add to your own individual prosperity and popularity, we would not have you engage to do special work in any cause without some prospect of a more substantial remuneration, and we make you the following proposition, which is open to all present and future graduates of The ——— Medical College only:—For each student that you send us, or induce to attend this college, who pays at least a tuition of $75.00, we will give you credit, and when you shall have sent us six

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different men of this class, we will allow you to retain the 75.00 tuition which the sixth student would otherwise pay to us. After sending us six students and receiving the $75.00, you shall receive, in cash, $12,50 for each and every student you subsequently send us, to be paid to you at the time the student pays the tuition.

For every student you send us who buys a scholarship ticket at $150.00, the regular price, we will give you credit, and when you shall have sent us six different members of this class we will allow you to retain the $150.00 the sixth scholarship student would otherwise pay to us. After sending us six students of this class and receiving the $150.00, you shall receive, in cash, $25.00 for each scholarship student you subsequently send us, to be paid to you at the time the student pays for the scholarship ticket.

In all cases, when you send us a student, we will not only give you credit, but we will send you a voucher, which you can keep on file, and present to us when you are ready for settlement.

We certainly think that there is not one graduate of this school who cannot, within one, two or three years, send us at least six students, and obtain a prize of $75.00, or $150.00, according to the class of students sent—single term or scholarship. Please give this matter your careful and earnest consideration, for we think surely that a perfect organization and a live working force can be thus originated, that will do a great deal toward increasing the number and influence of our school. Please let us hear from you.

Address the Dean,
Dr. —— ——,
—— street, St. Louis, Mo.

CONTRIBUTIONS.

SELECT TOPICS IN THE SURGERY OF THE NERVOUS SYSTEM.

By Roswell Park, A. M., M. D., Professor of Surgery in the Medical Department, University of Buffalo.

I.—Suture of Nerves. We read[1] that Guillaume de Salicet, Lanfranc, Guy de Chauliac and others recommended the suture of divided nerves, but when we remember that nerves and tendons were often confounded in those days this interesting item loses part of its importance. In 1776, Cruikshank demonstrated the possibility of cicatrization of nerves; after him Fontana proved this cicatricial substance to consist more or less of true nerve tissue, and recommended its union, when divided, by suture. This was further advised by Dupuytren. It is claimed by Wolzendorff[2] that Daniel Würz was the first to practise it as a physiological experiment. But the first to actually practise it on human patients were Baudens, Laugier and Nelaton; the two latter having each within a single week, in 1864, a case which each for his own part reported[3]. It happened very curiously that in each of these cases it was claimed that sensibility and motility had returned within twenty-four hours after operation. This seeming incredible, the matter was studied by Eulenberg and Landois,[4] who denied that such a result could occur. They experimented largely, but it remained for Richet to clear up the matter, as he did in a case which I condense as follows:[5] A young woman fell, cutting the forearm deeply in such a way as to completely sever the median nerve. But sensibility in parts supplied by the median was not lost. Partly for diagnostic and partly for experimental purposes a little piece was cut off from the lower portion of the divided nerve; the patient shrieked with pain and a minute artery spurted from the freshly divided trunk. The upper portion had retracted and was discovered with difficulty. It was proved conclusively that every part of the hand normally supplied by the median retained its sensibility; consequently the ulnar and radial nerves must have acted vicariously for the divided one by means of their anastomoses. After some days Duchenne made out an atrophy of the thenar muscles. Richet therefore claimed, and most properly, that a similar state of affairs had obtained in those cases in which Laugier and Nelaton had claimed such surprising results, and that they had not accurately studied their cases before operating.

Since that time, some seventeen years, the subject has been studied experimentally and clinically until now the indications to the sungeon are perfectly clear. Arloing and Tripier[6] have reconciled many apparently opposed clinical and experimental results. Langer-

1. International Encyclopædia of Surgery, III., pp. 621.

2. Kraussold, Volkmann's Sam'l, Klin. Vortr., No. 132.

3. Comptes Rendus, 1864, No. 25.

4. Berlin. klin. Wochenschft., 1864, Nos. 46 and 47.

5. Union Méd., 1867, pp. 444; Gaz. des hôpitaux, 1867, pp. 519 et seq.

6. Archives de Physiol., 1869, II., pp. 33, 313.

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feld[1] has devoted much time to experimenting with carbolized catgut. Lemke[2] had collected sixteen cases in 1876; Kraussold[3] added two more in 1878, and numerous other observers have reported one or more cases, while Page[4] Brown-Sequard[5] Kraussold[6] Tillmanns[7] and Holmes,[8] have contributed most interesting articles bearing directly on the subject; and Brown-Sequard[9] and Nicaise[10] have furnished suitable information for our two largest systems of surgery.

My library is not large enough to enable me to make up exact statistics of all cases reported up to date, but as nearly as I can estimate some thirty odd are on record, nearly all of which have been gratifyingly successful. To these I purpose now adding two of my own never yet reported, after which I will refer very briefly to some features of the operation.

Case I.—*Rupture of the Sciatic Nerve, Immediate Union, Restoration of Function.* H. R., æt. 13. In 1881, I excised the hip joint of this patient, then eleven years of age, for long standing and extensive disease. He made a good recovery from a severe operation, but on my return after a prolonged absence from the city I found sinuses about the buttocks along with other evidence of new and extensive disease, so that in February, 1883, I was compelled to undertake radical operative measures. He was therefore admitted into the Michael Reese Hospital, Chicago, where February 9th, assisted by Dr. Lackner of the Dispensary Staff, Dr. Tracy, of Escanaba, Mich., and Dr. McAuliffe, the house surgeon, I proceeded first to explore the parts. I found caries of the tuberosity and other parts of the ischium, sinuses leading inside the pelvic cavity and around the rectum,—in brief, aggravated tuberculous disease of the bony pelvis and contents. In order to secure access to the parts and permit the necessary freedom of manipulation. I had to lay up a flap composed of the buttock on that side. Owing to the cicatrization following the previous operation and the present local disease and induration, the sheath of the sciatic nerve had contracted firm adhesions to the overlying parts. The nerve was unmistakable, but tissue was in the way, so one of the gentlemen present undertook to hold up the flap with a powerful retractor while I dissected it off from the nerve. Being short of sufficient assistance the patient was inadvertently permitted to so far recover from his chloroform that he gave a violent wrench and turned partially around. When I began to work again I found, equally to my wonder and dismay, that the nerve was torn completely through; the ends while not exactly ragged being anything but smooth. I dissected them free, proceeded with the measures which I had contemplated, resected a good portion of the ischium, scraped out the sinuses leading into the pelvis, inserted my drainage tubes, and then addressed myself to uniting the nerve ends. First, I snipped them off evenly with scissors, and then sutured them as accurately as possible by catgut threads passed entirely through the nerve trunk and about a quarter of an inch from the line of section. After this the soft parts were closed as usual, proper provision made for drainage, and a Lister dressing applied, the whole having been done under the carbolic spray.

For about a week there was absolute paralysis of sensation and motion throughout the region supplied by the great sciatic; about the seventh day sensation began to return; by the 22nd (thirteen days after operating) there was but a small area of integument near the external malleolus which was not sensitive as usual, while he could move his leg as well as before the operation. Judging by his progress regeneration must have been practically complete within a fortnight.

Case II.—*Division of Radial Nerve and certain Tendons. Suture of the same after two weeks, Restoration of Function.* C. D. G., æt. 16, April 1st, 1883. Patient cut his right wrist with a cheese knife in such a way that he severed the radial nerve and artery and the tendons of the extensor ossis metacarpi pollicis and extensor primi internodii pollicis. The physician who saw him at the time of the accident contented himself with checking the hæmorrhage. I saw the patient at the Reese Hospital on the 16th, and found the hand dropped to the ulnar side, with sensibility of those parts supplied by the radial nerve extremely impaired, and, indeed, in the central portions of that area, practically lost.

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1. Inaug. Dissert., Berlin, 1877.
2. Iuaug. Dissert., Berlin, 1876.
3. Loc. Cit.
4. Brit. Med. Jour., May 7, 1881.
5. Comptes Rendus de la Soc. de Biol. de Paris, 1682, pp. 30.
6. Loc. Cit. and Archiv, f. klin. Chirurgie. XXI., 1877.
7. Archiv. f. klin. Chirurgie, 1882. XXVII., pp. 1.
8. London Lancet (Am. Rep.), Sept. 1883, pp. 225.
9. Holmes' System of Surgery, London, 1883, II., pp. 214.
10. Internat. Encyc. of Surgery. III., pp. 620 et seq.

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After anæsthetizing him, I dissected down upon the parts, found the tendon ends retracted within their sheaths so as to be an inch apart, opened the sheaths, carefully united the tendons by cat-gut suture, and their sheaths over them by interrupted sutures of the same material; after this I found the ends of the radial nerve, freshened them and brought them together by a single cat-gut thread. Over all iodoform dressings.

By May 8th, sensation was restored to the area supplied by the radial nerve; by the 25th, it was evident that the tendons had firmly reunited, and, except as limited by partial adhesions in their sheaths were capable of reassuming their functions. In course of time these adhesions became stretched and the hand became very nearly as useful as before.

COMMENTARY.

Suture of nerves is known as direct when the suture material is passed directly through the nerve trunk, and as indirect when only the nerve sheath is included (Bardeleben); the former is usually preferable. The indications for this comparatively trivial operation are so exceedingly plain that they need no recounting here. But it is worth while to know that there is fair prospect of success even months after the original injury, as witness the case in which Wheelhouse[1] united the sciatic fully nine months after the accident which severed it, the patient in four months more being able to do all manner of hard work; while Jessop, according to Tillmanns[2] has recently operated, nine years after the injury, and with fair success. Nevertheless, the sooner it is done, the better and quicker the result, as witness my own first case.

If, on dissection, the nerve ends prove to be clean cut (in recent cases), they need no further attention before uniting them; but if they have been mangled or crushed, it would be much better to cut them off squarely, or even to resect a portion of the trunk.

Special needles have been devised for the operation, but they seem to be superfluous, as in my own cases I used the ordinary full curved surgical needle, taking care to insert and pass them flat-wise between the bundles of nerve fibres until the broader cutting part was through, and then to turn them half round and let the cat-gut slip through the little slit thus made without tearing the bundles apart.

All sorts of suture material have been commended for this as for other purposes. The writer, however, prefers that which he used, viz., antiseptic cat-gut. Concerning the knot to be tied and the other little details, much has also been written, but it seems only necessary to insist that the approximation should be as accurate as possible, and that if one thread is not enough to insure this, two or even three should be employed, especially in the larger trunks. It is of course extremely important to avoid tension, and the limb or part must be dressed accordingly and immobilized. In order also that no pus may intrude between the nerve ends, it is necessary that full antiseptic measures be observed.

Regarding the manner of union, I will here stop to say but little. Evidently primary union is only such in appearance, not in reality; it is cicatricial, not physiological; the distal end must pass through the stage of degeneration described by Waller before new elements can be produced. This is the opinion of Brown-Sequard, and of Bowlby, from whose unpublished Jacksonian prize essay Holmes quotes. According to Bowlby, moreover, in those cases which fail, a secondary atrophy of the lower end occurs. Immediate suture, therefore, does not prevent degeneration, but simply permits regeneration to take place much more rapidly than it otherwise would; in other words, immediate union of divided nerve tissue does not occur. According to Letiévant, rapid regeneration (8-15 days), takes place only in young animals, but my own cases would seem to indicate that this may also occur in mankind, at least in youth.*

Working in this direction Letiévant has suggested autoplastic operation on nerves. In two cases where the defect was considerable, he turned down a flap from each end and united the flaps by their extremities. In neither case, however, did he secure any appreciable result.

At the Congress of German surgeons in 1882, Gluck reported some astonishing successes in neuroplasty by transplantation. He has exsected an inch or two of the sciatic nerve of a chicken, and replaced it by the same

1. Brit. Med. Jour. Aug. 5, 1876.
2. Loc. Cit., case 11.

*I am well aware that this statement may be regarded by some as rather strong, but as far as my own two cases are concerned, is justified by the facts, which can be attested by those who saw the patients.

Some interesting facts obtained by Dr. Rawa. of Odessa, have been already referred to in this journal (WEEKLY MEDICAL REVIEW, January 19, 1884, p. 41). He experimented by attaching the central portion of the peroneus to the peripheral part of the tibialis posticus, the central end of the hypoglossus with the peripheral end of the vagus, etc., varying his experiments in many ways, and found the time necessary to establish function varied from three to sixteen months. But the conditions here were very differnt from those obtaining in my cases, and the observations are not to be compared. I claim, however, that my experience justifies me in saying that regeneration, in many cases of sutured nerves, the injury being recent, may be quite rapid.

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length of sciatic nerve from a rabbit, with the result that the fowl walked as well as if nothing had been done. He has also experimented by slipping over the nerve segments a Neuber absorbable bone drainage tube While with this his success has not been encouraging, his other work may give us a key to future brilliant results. I should not hesitate to make the experiment of transplanting nerve from some animal into a patient did a suitable case present.

Lastly, it may be well to add, that in no case yet known has neuritis or tetanus, or any other untoward consequence of this sort of surgery of the nerves supervened. The operation is simple, and so unmistakably indicated in certain cases that it deserves much more cordial recognition and acceptance than it has yet received. It is with a desire to help it on its merits that. I have brought forward my two cases.

II.—Elongation of Nerves. According to Nicaise, elongation of nerves was studied from a purely speculative point of view by Harless and Haber in 1858, Valentin in 1864, and Weir Mitchell in 1872. Be this as it may it is to Nussbaum that we owe a debt of gratitude for making the way clear and first putting it into practice. While resecting an elbow, in 1860, his assistant accidentally, but forcibly, stretched the ulnar nerve, and it was noticed that the tetanic cramps with which the arm was previously affected totally disappeared. This made a strong impression on his mind. In 1869, it happened that Billroth had a patient who had receivd a violent contusion of the buttock and subsequently developed epileptiform paroxyms; under the impression that there was nerve irritation from some bone splinter; he denuded the nerve without finding anything wrong. But the nerve had been disturbed and more or less stretched, and recovery followed.

Acting on these hints, Nussbaum for the first time practised intentional elongation in 1872, the case being one of contracture of the upper extremity consecutive to contusion; recovery followed the operation[1] Gartner and Vogt imitated his practice the same year; Callender introduced it into England,and Verneuil and Blum into France. Its application was at first restricted to neuralgias and contractures, but was by Crédé, Gen, Pooley and others, extended to convulsive affections;—by Langenbuch, Esmarch and Debove to locomotor ataxia; and by Lawrie of Lahore, India, even to anæsthetic leprosy.[2]

I have not intended to discuss here the general merits of the operation, nor the statistics, not the extent of stretching that the nerves will bear, nor yet the changes resulting therefrom other than the clinical results obtained in my own cases. I simply desire to place on record five cases of elongation of nerves never before reported in full, three of which were made on purely empirical grounds and merely as physiological experiments.

Case I.—*Chronic Sciatica, Elongation, Recovery.* W. L., æt. 25. Has suffered severely from sciatica for some five months, and has lost considerable flesh. Has been all this time under medical care, and for the last six weeks in the County Hospital, Chicago. A most varied internal treatment has been resorted to, as well as the use of electricity part of the time intelligently applied. Patient was admitted into the Michael Reese Hospital, Chicago,and on June 15, 1883, I anæsthetized him and stretched the sciatic nerve of the affected side. The operation was made under the spray; by the 20th, when the dressing was changed, the wound was found to have healed per primam. Pain was relieved at once, and at the above date of changing the dressing, sensation and motion were found to be nearly normal. There was now and then a twinge during the next month; when he was discharged July 20, he simply noticed an occasional pain in one small spot in the calf of the leg. On September 1, he called on me in Buffalo to say that he was perfectly well.

Case II.—*Toy-pistol Tetanus, Elongation of Brachial Plexus, Amelioration of Symptoms.* A. G., æt. 10. On July 4, 1883, patient injured his left hand with a toy-pistol. On the 11th, at 4 A. M., he developed the first symptoms of tetanus. He was at once brought to the Reese Hospital, where I saw him at 11:30 A. M. At that time there was moderate clonic spasm of the muscles of back of neck, with tonic exacerbations. Found a suppurating wound in palm of left hand. I, at once, anæsthetized him and operated under the spray. I opened the palmar wound, found it foul and containing a piece of wadding; this I removed and scraped out the cavity. Making an incision along the inner border of the biceps brachii I isolated and stretched in each direction the median, ulnar, and internal cutaneous nerves and that of Wrisberg. After closing the wound over a small drainage tube I applied iodoform dressings.

1. Deutsch Zeitschft. f. Chirurg., 1873, I., pp. 450.

2. Nicaise, loc. Cit. pp. 625.

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The patient improved decidedly after the procedure; I prescribed Squibb's Ext. Physostig.(1/15 gr.)hypodermatically every two hours, sodii bromid. gr. x every two hours, and chloroform inhalations during any tetanic seizures. In the evening his condition was very satisfactory; about seven the next morning he complained of pain about the heart,and died within an hour, apparently from spasm of the diaphragm. Autopsy not allowed.

Case III.—*Motor Paralysis of Right Leg, following Spinal Meningitis. Elongation of Sciatic Nerve. Negative Result.* A. K., from Minnesota, æt. 40. Patient gives a history of serious sickness in July, 1881, which was probably a spinal meningitis. At present he suffers from monoplegia, the right lower extremity being the part involved. He has been under care of various physicians. Of late has been a patient of Dr. Mannheimer at the Reese Hospital. Dr. Mannheimer having tried various remedies, along with electricity, proposed elongation of the sciatic nerve as an experiment. The patient accepted it *as such*, and on September 15,1882,at the doctor's request, I made the operation under the spray, suspending the limb by the nerve and stretching in both directions. The heart's action was momentarily disturbed. Union per primam.

October 17th, the patient acknowledges perceptible improvement. He remained in the hospital several weeks but made very little further improvement.

Cases IV and V.—*Paræsthesia and Dysæsthesia of Unknown Origin. Elongation of Sciatic, and later, of Crural Nerves. No Result.* H. K., æt. 32. For fourteen years, according to patient's account, he has suffered from perverted sensations, causalgia, etc., referred to integument of lower extremities, more especially the right one. Of late he has complained of a feeling as of intense cold, referred particularly to the area of distribution of the right sciatic and peroneal nerves. His intelligence evidently is not of the highest order. For years he has been under the observation of Dr. Ernst Schmidt, who finally suggested elongation as a pure experiment, and admitted him to the Reese Hospital, where, at his request, on June 22d, 1883, I stretched the sciatic and peroneal nerves with the usual precautions. July 1st, there having been no improvement, I stretched the anterior crural, at the patient's urgent request. From neither of these operations did the slightest benefit seem to accrue. In this patient, each time the nerve was stretched downward, there was an irregularity of the heart's action, lasting only a very few seconds.

COMMENTARY.

Case I was of a class of which numerous examples are on record. It exhibits the happy effects to be obtained in cases of obstinate sciatica resisting medication and the subcutaneous method of stretching the nerve; and proves, along with others, that the operation has a wide sphere of usefulness in this form of complaint.

Case II exhibits the at least temporary relief to be obtained by this measure in cases of tetanus. Along with many other cases on record, it proves, first, that we cannot afford to reject this method of treatment in spite even of the caustic criticism of Morris,[1] and, second, that amelioration of symptoms is better than no impression at all. In this case I may have erred in not stretching the musculospiral nerve also, since Johnstone has shown that it is advisable to stretch all the nerves supplying the part.[2] It has since seemed to me that I may have given this little boy too much sedative, and not sufficient stimulating nourishment; a not infrequent mistake.

Cases III, IV and V were undertaken, as already remarked, on purely experimental grounds, and this fact was fully explained to the patients, and by them so understood and so accepted. This being the fact, I offer no apology for either making the operations or now reporting them. In fact, I hold and teach that we usually learn more by our failures than from our successes. It may be worth while, however, in this connection, to refer to a case of anæsthesia and paralysis of both lower limbs, "from neuralgia of one side" (?) in which Masing[3] stretched the crural and sciatic nerves, the patient being subsequently cured of his neuralgia, anæsthesia and paralysis; this would be justification for my cases—were any needed. To this I will only add, that Lawrie has, as remarked, achieved some remarkable results in anæsthetic leprosy; at the time of his report[4] the had treated thirty cases,and all with more or less benefit. In one case he stretched one sciatic and both ulnars and obtained return of motion and sensibility, especially in the arms. Bomford also stretched both ulnar nerves in a case of great atrophy, paralysis and anæsthesia from leprosy—with rapid return of motility and sensation though the atrophy persisted.[5]

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1. Brit. Med. Jour., 1879, I., pp. 933.
2. Lancet, 1879, II., pp. 892.
3. Revue des Sciences Médicales, 1882, XV., pp. 690.
4. Indian Med. Gazette, 1878, Sept. and Oct.
5. Lancet, 1881, I., pp. 329.

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MONSTROSITIES.

BY ALBERT FULLER, M. D., VERMILLION, KAS.

CASE I.

The cases of monstrosities, reported in your Journal lead me to relate some cases.

In the spring of 1877 received,of a debtor, a fine sow; said to be one-half advanced, with pigs. About the time she should have littered, she came in heat, and was again exposed. Up to a month or six weeks of her time she gave all the usual increasing signs. But then, they became less, and finally disappeared. She seemed healthy, ate well and was in good condition. Regarding her sterile, she was highly fed, and in two months from her time was very fat, and killed.

When opened, her womb was found filled, with forms; and examination showed them to be the debris of pigs.

The body, head and limbs, in shape, were perfect, but they were not flesh. Were of a greenish-brown color; and dry; and tenacious enough to handle with care, and yet preserve their form.

There were seven but only a part were perfect, and nearly as large as a pig at dropping time. The others seemed to have been absorbed so that some were a small moles; almost gone. Cutting the perfect ones, the outlines of the organs could be seen.

CASE II.

In Summer of 1879, a two year old heifer of mine was unable to expel her calf. Myself and son attempted assistance. Presentation usual; fore-feet and nose. Head evidently large. Traction by fore-feet, first gentle; and increased till all my power was used, availed nothing. I said "Wait awhile and try again." The animal was getting nervous, up and down and lowing distressingly. Suddenly one limb cramped, and another; till all the limbs and body were terribly convulsed. I said "She will die let us take it away." We both seized the feet, and after a long hard struggle delivered an enormous calf.

The calf was alive, the cow scarcely so. The entire womb had followed, inverted. This womb was studded with lumps, in size from an almond to a hen's egg; each lump had a little cord, and all these cords united into one umbilicus.

Supposing these lumps multiple placentæs,I showed my son how I would peel a placenta from a womb, and would peel all these off,and put the womb back. I peeled off a small one; arterial blood flowed profusely. I carefully examined the next, and peeled off a thin membrane, leaving nearly the whole lump—seemingly identical tissue with the womb.

We peeled forty-seven in number, and then with my fist I gradually reverted the womb, and,carrying it to its normal position,it would follow the fist as I withdrew it; but after holding it in position some fifteen minutes,I could feel the fundus contracting upon my knuckles, and then gently giving way; the womb closed behind the fist, little by little, till it was withdrawn, and the womb left in situ. The cow had to be nursed a day or two, and then got well.

CASE III.

Called to Mrs. ——, said to be dying. Been in labor thirty-six hours, and exhausted; stimulants rallied her. Labor pains had ceased five hours before; could not reproduce them. She began to sink again. Fœtus was dead. A large head presented; turned,and delivered a monster. Head large and square-shaped; thighs and legs twice to three times as large as any full-term fœtus I ever saw,and scarcely half the usual length. The arms were ditto; the fingers and thumbs all came out upon the same line, and were of equal length, big and short—complete turtle claws. I wrapped it up and laid aside. The women who had the curiosity to see it took but one look; it was repulsive indeed. When the woman rallied, nothing having been said, I asked her if she had received any shock or fright during her gestation. She replied that her boys had captured a very large turtle and put it in the water barrel, to which she went, and the first she knew,the turtle suddenly snapped at her hand, scaring her almost out of her wits,making her sick.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

Stated Meeting, April 5, 1884.

DR. POLLAK.—At the last meeting of the Society Dr. Mulhall spoke of the Hutchinson teeth and he emphasized the statement that only the upper central incisors are pathognomonic of hereditary syphilis.

DR. MULHALL.—No sir;I said the teeth were marked by various characteristics; that one of them was the transverse notching—the single transverse notch, the margins of which were not dentated; that the whole tooth was stunted; that the tooth was slanted from the gum downward to a point; in other words, the

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base of the tooth was a great deal broader than the point.

DR. POLLAK.—I attended Dr. Hutchinson's clinic for many months and he gave me this book, in which you will find illustrations of not only the central incisors but the lateral incisors and the canine teeth; they also are pathognomonic of hereditary syphilis. The central incisors are usually affected most; but the lateral incisors and the canine have also their characteristics. The effect upon the canine teeth is here very distinctly delineated and noted in many cases. Those pegs which the doctor spoke of last week are shown here in almost every case; the pegs are also pathognomic as well as the notches.

DR. MULHALL.—I think Dr. Hutchinson means by the peg that the tooth is of a peg shape; he does not mean the little pegs on the teeth; he means that the whole tooth is pegged I think.

DR. POLLAK.—I think he means there is a peg projecting from the edge of the tooth—here is an illustration of it.

DR. MULHALL.—You will not find that in his language.

DR. POLLAK.—I think it is his language too; I remember that Mr. Hutchinson related to me his trials and tribulations when he first announced his discovery to the profession; his announcement was not believed at first, and yet he was recognized as a great man. The different medical societies of London, appointed a committee to investigate and report on Dr. Hutchinson's discovery, and the conjoined committees of all the societies made one special report and that report I have in this book. It confirmed his views, and was certainly a great triumph for Hutchinson. I want to mention another thing. We speak of interstitial keratitis. I never saw a case of interstitial keratitis without this syphilitic condition of the teeth present; either the peggy or the notched teeth. Interstitial keratitis is never found except where there is this notched condition of the teeth. I have in this book the conclusions of Hutchinson on this subject; they are as follows:

"1. Because, in cases of interstitial keratitis, a disease which I have elsewhere endeavored to prove to be of hereditary origin, these peculiar teeth are almost invariably met with.

2. Because, I have hardly ever seen teeth of well characterized syphilitic type, excepting in patients who either had keratitis at the time they were under observation, or had had it at some former one.

3. Because, these teeth are usually found coincident with the physiognomy of hereditary syphilis.

"4. Because, in a large majority of cases where these teeth are seen, a clear history of infantile symptoms is obtainable.

"5. Because in not a few instances, the parents of children with these teeth have spontaneously informed me that they had suffered from syphilis prior to the child's birth, and that the latter had also been treated in infancy for the same.

"6. Because I have repeatedly seen these teeth in patients the known subjects of hereditary syphilis, but who has never taken mercury.

"7. Because I have often examined the teeth of those, not the subjects of syphilis, who in infancy had taken courses of mercury without once finding the syphilitic type of teeth at all closely simulated.

"8. Because I have repeatedly ventured to pledge myself to a diagnosis of hereditary syphilis founded solely on the state of the teeth, and subsequently found that the patient's history placed the correctness of the opinion beyond a doubt.

"9. Because the teeth described above are not met with in subjects of any of the forms of struma, properly so-called. Thus the teeth of phthisis have long been known to be remarkable for their brilliant pearly whiteness and fine form; and out of thousands of cases of strumous varieties of ophthalmia (i. e., the ulcerative, pustular, etc., superficial and not interstitial) in which I have looked at the teeth, I have never seen them of marked syphilitic type. A similar statement to the last I may also make as regards numerous cases of true glandular struma, in which I have examined the teeth, and found them usually of large size and good form.

"10. Because the same clinical evidence which has been satisfactory to myself has also proved convincing to many other much better observers, including the whole surgical staff of the Ophthalmic Hospital."

I will pass that book around so that the members can see the diagrams; these sketches are not probably contained in any of the text-books. I wish now to refer to the statement made on last Saturday evening by Dr. Bremer. He said hereditary syphilis can manifest itself forty years after its inception. I remember a case in which it manifested itself after sixteen years. The patient was a young lady 16 years old, a pupil in the public school; she came to the clinic, complaining of failing sight. I found the cornea getting hazy. She had never had any trouble about her eyes before. I found typical Hutchinson's teeth, the

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four upper incisors and the lower canines, yet, strange to say, the lower incisors were entirely free; but the upper incisors were notched and the lower canines were peggy teeth and there were notches on the upper ones. Her parents confessed that both of them had had syphilis, and that the mother was pregnant with this girl at the time, and both of them were attended by Dr. Geo. Johnson, and were cured. This girl was perfectly well up to the 15th year, and after that time the disease in the eyes began, and it was discovered to be interstitial keratitis with these notched teeth. She was placed on iodide of potash, and improved. An extraordinary occurrence afterwards happened to this girl. Two months afterward she presented herself at the clinic again, having had all the front teeth extracted. I was perfectly shocked at such a thing and asked what possessed her to do it. She said, "I don't want my teeth to be telltales on my parents." How she got that idea I do not know, probably from her mother.

DR. MULHALL.—I wish to say in reference to the peg teeth that I think that Dr. Hutchinson refers to the peg shape of the entire tooth.

DR. POLLAK.—Here are the sketches just as plain as can be; the whole tooth may have a peg shape, but the pegs also project from the edge of the tooth.

DR. WILLIAMS.—In my opinion the question of the Hutchinson teeth is not yet satisfactorily proven to be positive evidence of hereditary syphilis. We have this condition, or very near this condition of the teeth very frequently in connection with scrofula; so that I am not satisfied that Dr. Hutchinson is correct. I am surprised at Dr. Pollak's statement that we never have interstitial keratitis except in connection with hereditary syphilis.

DR. POLLAK.—That is what Hutchinson says, and I believe him.

DR. WILLIAMS. — Notwithstanding these declarations, I assert that we do have interstitial keratitis very frequently where there is no history of either hereditary or acquired syphilis. I see it very frequently, indeed, and I am surprised that Dr. Pollak concurs with Dr. Hutchinson in such a statement.

DR. MULHALL.—The best answer to Dr. Williams' statement, that strumous children have these teeth, is for him to bring such a patient here.

DR. GREGORY.—Dr. Mulhall desires me to state what I think Dr. Hutchinson means or intends by peg teeth. I think he refers to the body of the tooth. If he speaks of the peg he means the body of the tooth; but he speaks of notches in the teeth—of notched teeth; and there is no question that the peg teeth are sometimes notched and sometimes not. In regard to this discussion I will ask Dr. Williams whether he makes any distinction between scrofula and tuberculosis. It is always important, in a discussion of this kind, to have a distinct understanding. We know very well that people who are tuberculous have good teeth. I believe it to be true that occasionally we do see notched teeth in connection with hereditary syphilis. Now my observation has been that consumptives present the best examples of typical and most remarkably beautiful, pearly teeth; teeth of beauty as well as perfection of size. I do not think it possible to declare there is a distinction between tuberculosis and scrofula; but there is no question that children are presented to us for examination that have a variety of eye troubles, such as conjunctivitis, and eruptions on the skin, and yet they are not typical examples of tuberculosis, they do not present us with that distinct variety of disease which we observe in connection with chronic phthisis; I mean by chronic phthisis, a disease that lasts many years—ten or fifteen years. It is not unusual for persons to be the subject of this particular form of disease for a number of years, and whether this glandular trouble is a probable correspondent to the tubercular is the question that I am not prepared to decide. I do not think it has been decided, and I do not think that there is any more vague term in medicine than "struma," and yet it is a convenient term in a weakened condition of the body which we cannot account for. We say, then, it is a strumous condition, but we could not define our meaning distinctly if we were asked to do so. We could only say, here is a predisposition to lymphatic trouble; a predisposition to skin trouble; or a predisposition to some eye trouble of a chronic character, which is characterized by ulceration etc.; there is no history of syphilis, hereditary or acquired. It is certainly not malignant, and it is not syphilis, yet it is clearly inflammatory and chronic in its character; it is struma, that is all. It is something easier to say what a thing is not than to say what it really is. I can say of a certain condition that it is not this, and is not that; and as this condition is not distinguished as being one thing or the other, we use the term struma for convenience and it answers our purpose. As regards Hutchinson's teeth, it is in perfect accord with my observation, whenever I have seen teeth such as Hutchinson describes, I always found them connected indirectly or directly with syphilis; his observations are of a very exact

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and meritorious character. I attach great importance to this condition of the teeth, and to this peculiar affection of the cornea; of course my observations are necessarily limited, but this is the opinion I entertain.

Dr. Watkins.—Could you not as reasonably refer as the cause of the so-called struma, the history of syphilis perhaps three or four generations back?

Dr. Gregory.—I cannot answer that question. I have been disposed to believe, in former times, not so much now, that these chronic troubles are somehow connected with syphilis, simply because I was anxious to have something definite; chronic troubles are so vague that I would like to have something I could feel was an intelligent explanation of them, and I do not know of anything that would answer better than syphilis, yet I am inclined to believe that there are other agencies besides syphilis that operate, and, notwithstanding I have said so much about these teeth, as we go on we will meet with so many exceptions; in fact, I do not know but what there is more doubt in regard to these teeth and interstitial keratitis than there was five years ago. My observations have been in another direction of late years, and perhaps I do not know, but I am satisfied there is a condition of things which, for convenience, we call struma, but I am also impressed with the fact that we know nothing about its relationships definitely.

Dr. Williams.—I want it distinctly understood I am not an advocate of the idea of scrofula by any means. In speaking on that subject I always refer to it as the so-called scrofula of the books; but we all know that there is a class of children that come under the head of scrofulous children; what scrofula is it is impossible to say; it may be a branch of tuberculosis; it may be an offshoot from syphilitic troubles. I would rather think it is syphilitic in its ultimate cause than tubercular, but these so-called Hutchinson's teeth are found in scrofulous children. You do not see that condition in healthy children, it is always observed in so-called strumous children; for that reason we may just as well say that these teeth are pathognomonic of scrofula as of hereditary syphilis. So that I am of the opinion that the question as to these teeth being positive proof of hereditary syphilis is not settled, and that theory is not now so generally accepted as it was years ago. There is another thing I wish to refer to for a moment. It is generally known that negroes have the most perfect teeth of any class of people in this country. I never saw a case of so-called Hutchinson teeth in a negro. It is well known that they have syphilis frequently, and certainly have hereditary syphilis frequently. Why then, should we not have these so-called Hutchinson teeth in negroes? In fact, the Hutchinson teeth are the exception and not the rule in hereditary syphilis.

Dr. Pollak.—It may be that we do.

Dr. Williams.—I never saw one. So that I do not consider this matter settled, although I have great respect for Dr. Hutchinson's opinion, of course.

Dr. Hurt.—I am inclined to give Mr. Hutchinson credit for having made and published a valuable discovery in regard to the symptomatology of hereditary syphilis, and at the same time I am not prepared to say that Dr. Williams is not correct in his statement of having seen the strong evidences of syphilis, according to Mr. Hutchinson, in strumous children. We cannot possibly assume by any process of exclusion that all persons who are the subjects of heriditary struma are exempted from the liability to hereditary syphilis, and for that reason I must concede to Dr Williams the probability of his having witnessed in strumous children the characteristic teeth noted as pathognomic of hereditary syphilis. I will undertake to say, that persons predisposed to the condition we denominate "struma," are more susceptible to syphilis than any other class, hence we very frequently find in persons with constitutions characterized by these evidence that classify them as strumous, that they are more liable to exhibit the symptoms of syphilis persisting in spite of any process of treatment that you can adopt. Syphilis inoculated upon this other vice does not cure it, the inoculation of the syphilitic virus does not relieve or cast out the other, on the contrary, it aggravates the condition and puts more in jeopardy the prospects of life and health. The probabilities are that a very large majority of children predisposed to struma; those who are born of strumous families, having at the same time a complication with the syphilitic virus—would not survive, and hence Dr. Pollak and Dr. Gregory might never have seen these conditions of the teeth characterizing hereditary syphilis in their little patients that were strumous, for the reason that the struma and the syphilis combined are a little too heavy and the child cannot survive them. In a discussion of this kind it seems to me that it would not do to say that you never see the Hutchinson teeth in strumous subjects, because we know that the strumous subjects are as susceptible to the syphilitic virus, if not more so than persons that are not predisposed that way.

Dr. Bremer.—I believe that the doctrine

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of Hutchinson is established more firmly today than it ever was; but at the same time I must repeat that I have seen teeth that exactly resemble the variety called Hutchinson's teeth in children that had in infancy gone through protracted sickness, or through a long continued mercurial treatment for convulsions. The history of syphilis was wanting. I do not mean that I saw cases of real stunted teeth, of microdentism proper—but teeth with notches in them. I do not believe that we find these teeth in scrofula. It is not a scrofulous tooth by any means. (I subscribe fully to the remarks of Dr. Gregory that persons having a tendency to the development of phthisis are remarkable for their brilliant and finely developed teeth. Not where is this class recruited from—the phthisical class? From the strumous or scrofulous. Perhaps you remember that in my paper on the bacillary doctrine of phthisis I referred to struma as the soil upon which the tubercular virus—the tubercullar bacilli will grow, develop and multiply. I do not believe that it is all in keeping with our present state of knowledge of scrofula to mix it up with hereditary syphilis. Hereditary syphilis is a disease and scrofula is not a disease but a condition. It is a vice of the constitution characterized by an extraordinary vulnerability of the tissues. Fortunately we do not see many scrofulous individuals in this country; but there are plenty of them in Europe, especially in the large cities where there is any amount of poverty and prolitariat. And how do they look? As a rule they have fair skin, light hair, thick lips and a tendency to catarrh: if they are wounded the wound is inclined to fester; it does not heal readily; there is no productive but a degenerative inflammation. There is, besides, enlargement of the glands. That is what is generally recognized to be scrofula. I do not believe that scrofula is ingendered exclusively by a phthisical parentage; old age may be responsible for scrofula in the offspring; tertiary syphilis will produce it, but, secondary, never, unless the individual is scrofulous. So we have to make a clear distinction between hereditary syphilis and scrofula.

* * *

Dr. James.—I wish to explain

A METHOD OF DIFFERENTIAL STAINING

by which a section of epithelioma or of scirrhus may be so stained that the invasion of the adjoining parts is easily seen by the naked eye unaided. I have a few sections of epithelioma and one or two of scirrhus which I will show. The method by which this is obtained is by the use of picro-carmine and methyl-analine blue, but instead of preparing the picro-carmine by the methods which are described in the works on microscopy, I add a little of the residue of the staining of the prepared picro-carmine such as is commonly used for staining—I dissolve the residue in alcohol and there is enough of the carmine left to give it a slight carmine tinge, and we have a stain of a lightest green hue which is very persistent and subsequent staining does not seem to effect it.

Dr. Moore reap a paper on

"SUPPURATIVE ENCEPHALITIS."

Dr. Williams.—Where did the abscess break?

Dr. Moore.—Just in front of the the palate seemingly.

Dr. Bremer.—On the right side?

Dr. Moore.—On the right side!

Dr. Bmer.—On which side was the otitis?

Dr. Moore.—On the right side.

Dr. Bremer.—The reason I ask the question is, the peculiar fact that this patient was aphasic. We know that the centre of language is in that part of the brain where thoughts are translated into words is situated on the surface of the left hemisphere, at the foot of the third frontal convolution. It is to be supposed that in right handed persons only the left brain is educated for speech as well as for the more delicate manual work. We are one-sided in our education. Most men are right-handed and therefore speech and all the other faculties are to be found in the left hemisphere; in left-handed people it is different. With them, the centre of language is on the right side. Now here we have the peculiar phenomena of a right-handed person having otitis on the right side, becoming aphasic. This I cannot explain on any other grounds than that the pus must have found its way into the left hemisphere exerting pressure on or producing destruction in the third frontal convolution. I should like to ask the doctor if there was any sign of hemiplegia?

Dr. Moore.—No, sir.

Dr. Bremer.—Well, that is another peculiarity. Now as to the atactic symptoms. They sometimes occur in these cases. And here it would be of interest to know whether there was the patellar tendon reflex present.

Dr. Moore.—It was present; not to any decided extent; but to some extent.

Dr. Bremer.—Did he have any real ataxic gait?

Dr. Moore.—His gait was zig-zag.

Dr. Bremer.—That points to Meniere's disease the most prominent symptoms of which,

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vertigo, as you well know depends upon a modified pressure of the fluid which is contained in the semi-circular canals. Meniere's disease is is a very valuable contribution to our medical knowledge. I believe it was in 1860 that Meniere first described it and presented an account to the Academie de Medicine of Paris. Since then numerous observers, Professor Charcot among the rest, have studied the subject, and have made many observations in cases that are not so outspoken, not so grave as the one the doctor related or attended with such destructive lesions. There is a tendency to fall, a vertigo more or less grave. Some persons actually do fall and break their noses. This tendency to fall arises from the lateration of the interlabyrinthary pressure. One of the most signal triumphs of medical sagacity was that obtained by Professor Charcot in the treatment of this affection. He noticed that whenever deafness took place the disturbance would disappear and he, therefore, reflected whether it might no be possible to establish an artificial deafness in order to do away with the disease, for deafness is preferable to the disease in question in some cases. The most aggravated ones are such that the patients have to lie in bed, they cannot rise up they will fall if an attempt to rise is made. Thus Charcot was led to institute a treatment which under physiological conditions will produce deafness. He gave quinine in half gramme doses for months and the effects were really wonderful. Afterwards when salycilic acid was discovered and the salycilate of soda was manufactured this was used with the same effect. It is really a pity that in such an interesting case an autopsy could not have been obtained, I think we might have derived a good deal of knowledge from a post mortem examination in this case. As it is we listened to a very good exposè of a clinical case of great interest but the crown of the edifice is left out in the absence of the post-mortem.

[TO BE CONTINUED.]

ANNUAL CONVENTION OF THE AMERICAN MEDICAL ASSOCIATION.

[CONCLUDED.]

Friday, May 9.—The meeting was called to order by the President at 9:30 A. M.

VIVISECTION.

Dr. Dalton, chairman of the committee regarding experimentation on animals, offered the following:

Resolved, That this association desires to express its earnest conviction that experimentation on animals is most useful to promote medical science, and can be intrusted only to members of the medical profession.

Resolved, That the committee be continued. Carried.

THE BOARD OF TRUSTEES.

A question arose whether nominations to fill vacancies in the Board of Trustees should be filled by the special committee on the trustees or by the general nominating committee.

Dr. Ferguson, chairman of the special committee, offered a resolution to the effect that the committee approved of the nominations which had been made by the nominating committee—namely, Dr. Campbell, Dr. Packard, and Dr. Connor. Carried.

Dr. Grissom made a motion declaring it to be the sense of the meeting that the trustees should be nominated by the nominating committee. Carried.

THE COMMITTEE ON THE PRESIDENT'S ADDRESS reported through Dr. Davis, its chairman, that no explanation regarding the code should be made without deliberation. Dr. Davis personally offered the following:

Whereas, Persistent misrepresentations have been and are being made concerning certain provisions of the Code of Ethics.

Resolved, That the President appoint a committee of five permanent members, to report at the next meeting of the association such explanatory declarations on the subject as the committee may deem proper. Carried.

The Committee on Nominations changed the officers of the section in oral and dental surgery to W. W. Allport, President, and E. C. Briggs, Secretary.

THE REGULATION OF IMMIGRATION.

Dr. Roberts moved the adoption of the following, which had been offered by Dr. Pratt, and adopted, in the section in State medicine:

Resolved, That we earnestly urge upon Congress more efficient legislation on emigration, so as to exclude from our soil the defective classes of all nations.

Resolved, That the chairman of the section report this to the association for adoption.

The President declared the resolutions out of order at present.

THE INTERNATIONAL MEDICAL CONGRESS.

The following Permanent Committee on the International Medical Congress was appointed: Dr. Hays, Dr. Sayre, Dr. Johnson, Dr. Engelman, Dr. Brown, Dr. Billings, and Dr. Campbell.

MEDICAL EDUCATION.

Dr. Von Klein, of Ohio, gave notice of proposed amendments to the by-laws, and offered the following resolutions.

Resolved, That no person who shall hereafter graduate from a college where an educational test is not a prequisite to admission shall be a delegate to the association.

Resolved, That all delegates shall present as a part of their credentials a certificate, from the county or State society they represent, showing from what college and when they graduated, excepting delegates from the army and navy.

OFFICERS OF SECTIONS.

Dr. Pratt proposed an amendment providing that each section should nominate its own chairman and secretary.

THE PUBLICATION OF THE MINUTES.

Dr. Pratt moved that the publishers of the journal be requested to publish in pamphlet form the minutes of the Association, with the constitution and by-laws, for distribution to members at the next session. Carried.

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THE REGISTRATION.

Dr. Brodie offered resolution to facilitate the registration of delegates. Carried.

Dr. Robertson moved resolutions urging Congress to provide for the Museum of Hygiene. Carried.

It was moved that the nominating committee be not allowed to nominate any of its own members. Laid over one year.

Dr. Robinson brought up Dr. Pratt's resolutions on defective immigrants, and moved to lay them on the table. Lost. The resolutions were then adopted.

Dr. Toner, of the Committee on Necrology, reported that the notices of deceased members had been published during the year.

On motion, the secretaries of sections were allowed to report directly to the permanent secretary.

Dr. Franzoni offered resolutions that members should seek to obtain from their States, laws elevating medical education. Adopted.

Dr. Seiler proposed an amendment to divide his section into two, namely:1. Ophthalmology; 2. Otology, Laryngology, and Rhinology.

The Treasurer's Report showed a balance of $2,212. On motion the annual dues were continued at five dollars.

The Librarian's Report was read in part.

Dr. Green, of Buffalo, offered resolutions urging Congress to provide for the completion of the third volume of the "Medical and Surgical History of the War of the Rebellion," and to issue a new edition of the entire work at cost. Adopted.

Dr. Beach offered a resolution urging Congress to take action to exterminate pleuro-pneumonia among cattle. Adopted.

The President-elect was introduced by the President, and made appropriate remarks.

On motion of Dr. Brodie, it was resolved that the trustees of the journal secure a stenographer at each meeting.

Dr. Von Klein offered resolutions abolishing the practice of opening the sessions with prayer. Lost unanimously.

A resolution to drape the next issue of the journal, in honor of the late Dr. Gross, was referred to the publication committee, with power.

A resolution against members signing their names to recommendations of proprietary medicines and mineral waters was carried.

Resolutions were received from the West Philadelphia Medical Society condemning the efforts of mercenary men to destroy the code of ethics. Dr. Woodbury moved they be laid on the table; seconded by Dr. Seiler. Lost. The resolutions were referred to the Judicial Council.

Resolutions urging legislation to compel the labeling of chlorate of potash and other like articles as poisons were adopted.

Resolutions from the St. Louis Medical Society, against advertising one's relations with a medical college, were referred to the Judicial Council.

Dr. Brodie moved a vote of thanks in general to the people of Washington.

The President tendered his thanks for the kindness and forbearance shown him during the meeting.

The meeting then adjourned.

THE ILLINOIS STATE MEDICAL SOCIETY will hold its twenty-fourth annual meeting in Chicago, beginning May 20. The following committees are expected to report:

STANDING COMMITTEES.

Practical Medicine.—J. C. Frye, Peoria; J. W. Hensley, Yates City; N. S. Read, Chandlerville.

Surgery.—Roswell Park, Chicago; David S. Booth, Sparta; J. D. Whiting, Petersburg.

Obstetrics.—S. K. Crawford, Monmouth; E. A. Ingersoll, Canton; C. DuHadway, Jerseyville.

Gynecology.—W. S. Caldwell, Freeport; A. C. Corr, Carlinville; A. F. Rooney, Quincy.

Ophthalmology and Otology.—J. P. Johnson, Peoria; Robert Tilley, Chicago; P. H. Garretson, Macomb.

Drugs and Medicines.—B. F. Crummer, Warren; J. H. Robertson, Chicago; T. M. Cullimore, Concord,

Necrology.—E. Ingals, Chicago; Wm. Hill, Bloomington; W. West, Belleville.

SPECIAL COMMITTEES.

Oral Surgery.—J. V. Black, Jacksonville.

Tetanus.—C. Truesdale, Rock Island.

Vaccination.—M. F. Bassett, Quincy.

Diseases of Children.—J. P. Matthews, Carlinville.

Physiology.—A. Wetmore, Waterloo.

Committee on Legislation for the Insane.—Walter Hay, Chicago, Chairman; E. P. Cook, Mendota; Wm. Hill, Bloomington.

The Diagnostic Peculiarities of Malignant Growths.—Christian Fenger, Chicago.

Analysis of a certain class of Remedies, concerning which Physicians are not positive as to their therapeutic value.—W. L. Ransom, Roscoe.

Simple Renal Catarrh.—I. N. Danforth, Chicago.

S. J. JONES, Permanent Secretary.

The meeting of the Society will be held in the hall of the Methodist Church Block, on the southeast corner of Clark and Washington streets, beginning on Tuesday, at 10 A. M. A Banquet will be tendered the Society by the Medical Profession of Chicago, at the Grand Pacific Hotel, on Wednesday evening, 8 P. M. Railroads will return delegates and members of the Society, who have paid full fare in coming to the meeting, for one-third fare, on presentation, at their Chicago offices, of a certificate properly signed, which can be obtained at the time of registration.

D. W. Graham, C. G. Smith, H. A. Johnson, E. Ingalls, R. C. Hamill, J. F. Todd, Ex-Officio.
Committee of Arrangements.

THE ASSOCIATION OF AMERICAN MEDICAL EDITORS held its annual meeting in Washington, May 5th. The address was delived by Leartus Connor, M. D., Editor Detroit Lancet, President, on "The American Medical Journal of the Future, as Indicated by the History of American Medical Journals in the Past." Remarks were made by Dr. Shoemaker. The President received a vote of thanks. Dr. N. S. Davis, of Chicago, opened the discussion on "How Far can Legislation Aid in Elevating the Standard of Medical Education in this Country?" It was participated in by Dr. Henry O. Marcy, Dr. William Brodie, and Dr. A. N. Bell. Dr. J. M. Toner invited the Association when it adjourned to meet at his house to discuss special subjects and things. Accepted. Officers for the ensuing year: President, Dr. H. O. Marcy, of Massachusetts; Vice-President, Dr. J. V. Shoemaker, of Pennsylvania; Secretary, Dr. Thomas F. Wood, of North Carolina. The meeting was well attended and was a success.

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THE WEEKLY MEDICAL REVIEW.

VOL. IX. NO. 21. CHICAGO AND ST. LOUIS, MAY 24, 1884. TERMS: $3 A YEAR.

RETAINED AND ATTACHED PLACENTA.—In a former number of the REVIEW, April 26, present year, a correspondent frankly gives the history of a fatal case occuring in his obstetrical practice from retained placenta, and suggests a review of the literature on the subject.

The great responsibilities which always attend these cases, as well as the marked changes in treatment which has evolved within the past few years make the suggestion most appropriate, and we gladly attempt to answer briefly the general question considered in the article.

At the outset, however, we must state that in all probability no two practitioners would treat a case of retained or adherent placenta exactly alike. The general principles which should guide us, however, at this day are fairly decided and agreed upon; the details of each individual case would alone differ.

The accident at full term is apparently not a frequent one, and it is very fortunate that in a great majority of cases nature is able, not only to terminate the first and second, but the third stage of labor.

The greatest trouble which has occurred in the writer's practice, and which will still arise, has been with those cases where gestation has not advanced to full term, or where there is a morbidly adherent placenta from previous disease. From a careful review of the subject it appears that what can be said in a short article can best be arranged under the following heads:

1. Simple retained placenta.
2. Morbidly adherent placenta.
3. Retained membranes in the early months of pregnancy after abortion.

During the discussion of the subject we should constantly keep in mind the difference between detached retained placenta, and morbidly adherent placenta.

Among the causes which should be enumerated as producing simple retained placenta, we should mention inertia of the womb, the so-called hour-glass contraction of certain circular fibers, and extreme rigidity of the cervix uteri. A morbidly adherent placenta is, in almost all cases, due to actual disease of the decidua or placenta, producing adhesions.

The retention of membranes, or a small placenta, after early miscarriage or abortions is due to the normal adhesions which have not been broken up. The small size of the womb and the close attachments of the membranes during the first months of pregnancy, making it a difficult process to produce complete expulsion.

The symptoms which would be present in these cases would, of course, vary according to the time in which we are called to see them. When one is present where the placenta is separated, but retained, there would be usually but little trouble in diagnosticating or managing the case. As is known to every practitioner of experience the afterbirth comes away in from fifteen minutes to three-quarters of an hour with but little if any effort on the part of the attendant, and all that we would expect to do in an ordinary case is to wait until the uterus expels its remaining contents. If there is evident delay, it is admissable, if the uterus is contracted well, while the hand is still upon the fundus of the organ, to make very gentle traction on the cord, or to introduce the finger into the vagina and slipping it around one edge gradually withdrawing the mass sidewise, rather than like an inverted umbrella. The process of expressing the placenta out of the uterus, practiced and recommended years ago, has,

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however, received more particular attention during the past few years, and has been given the name of Credé's Method. The process of delivering the placenta in this manner consists in seizing the uterus with the fundus in the hollow of the hand, and with the four fingers being applied to the posterior, and the thumb to the anterior surface of the organ, the uterus is firmly compressed and the placenta expelled, sometimes with considerable gurgling noise. This method and management of retained placenta is particularly to be recommended during times of puerperal fever, when the obstetrician dislikes to introduce his hand into the uterine cavity.

The symptoms and management of a morbidly attached placenta will require a more extended description than the one we have just considered. The adhesions sometimes are very extensive, involving the entire site of the placenta, the detachment of which in every case being nearly if not almost impossible. The interior wall is sometimes injured, and great care must be exercised in order that the tissue of the organ is not stripped off with the placenta. In addition to these very troublesome adhesions, the cervix uteri may be so firmly contracted that it is impossible to introduce the hand, or sometimes the fingers, and we thus have grave and severe complications to overcome. The practice in regard to these cases as well as when the membranes, after abortion, are retained, is a subject which has, during the past few years, received great attention by specialists in gynecology and obstetrics.

There is no doubt but that a great number of women have lost their lives because practitioners have adhered to the old adage that "meddlesome midwifery is bad," and it remains to be seen whether a considerably larger number will not in future lose their lives from the great and growing tendency that particularly the younger members of the profession have of operating on every possible occasion. So thoroughly has the idea obtained lodgment in the minds of some practitioners that every particle of placenta should be detached from the uterus, that one medical gentleman has stated that sooner than allow any portion of the placenta to remain, and thereby endanger systemic poisoning, he would (other means failing) invert the uterus and peal off the placenta.

Authors and writers are not wanting who would advise, in almost every instance, that the uterus shall be dilated and curetted and injected whether there is any probability or possibility of septic difficulty. That the placenta, in part or entire, should be ever left in the uterus to decompose and poison the system no one will for one instant argue. The hectic fever and offensive discharges and exhausting perspirations which a patient suffers when portions of the placenta are left presents a most distressing picture and must be avoided by the most heroic treatment. We are not in favor of the "let alone" treatment nor do we believe in the adage already quoted that "meddesome midwifery is bad," but we are not an advocate of the *immediate removal of the secundines after abortion*, with a curette or placental forceps without some modifying conditions.

The most favorable statistics of any of the specialists who have an occasional death from septicæmia or an accident resulting in cellulitis after the use of instruments, do not present a better showing than the so-called "let alone" treatment of many general practitioners. For there are obstetricians with years of experience having attended fifty or a hundred abortions in their general obstetric practice, who have never used the curette or lost a patient.

After waiting a few hours, during which time ergot and the tampon and any other means which may be suggested to the obstetrician are being used, if the secundines remain, let them be removed either by the finger, curette or forceps. If this process seems advisable, the best method to follow is to dilate the mouth of the uterus so that with the finger or fingers, or curette, the placenta or membranes can be gradually brought away. The dilation should be done with the fingers, if possible, this failing, with some variety of tent, tupelo or laminaria or with some

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of the uterine dilators. If hemorrhage is present, it will probably be stopped while this process is being carried on.

After dilatation there remains to remove the contents of the uterus with fingers, hand, curette or forceps, and then wash out the cavity thoroughly with some disinfective solution in order to remove the last possible source of septicaemia—rest, tonics, absolute cleanliness, with a disinfecting injection to the cavity of the uterus as often as necessary, to destroy all odor will probably complete everything which is possible to be done, and everything necessary to establish convalescence to the patient.

THE MODUS OPERANDI OF JEQUIRITY is of considerable importance, because we are satisfied that its influence is not to be confined to its action on the conjunctiva. We regret to see that the chairman of the section on Practical Medicine of the American Medical Association, has propagated the idea that the influence is due to a microbe. The position assumed by Sattler has been entirely overthrown, and the active principle of the bean extracted, as is fully detailed in the issue of the REVIEW of the 5th of April.

THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION.—This flourishing society—formerly the Tri-State—will hold its next meeting at Springfield, Ill., September 23rd, 24th, 25th and 26th. Already invitations have been extended to and accepted by many prominent physicians in the South and West, and every promise is given that the sessions will be full of interest.

Last year there was more actual practical work done in the three days at Indianapolis than probably ever before in the history of any society. It required some boldness and firmness to eliminate all except scientific effort. But three years ago the trial was made and it has brought success. For some time many delegates and visitors were received from States adjoining the orignal three, and last year the boundaries were enlarged so as to include the whole Mississippi Valley, and the time increased from three to four days. All of this time is for the presentation of papers—which, by the by, must not exceed twenty-five minutes each and, for discussions. No room is made for ethical wrangle, receptions, banquets, etc. We shall refer to this work repeatedly.

All communications regarding papers and clinical reports should be addressed to Dr. Chas. D. Pearson, of Indianapolis, who is pushing forward the interests of the association with his well known earnestness.

A NEW BORN BABE—FEMALE—EIGHTEEN POUNDS AND TWENTY-SIX INCHES LONG.—This phenomena is reported in the British Medical Journal, April 5th, 1884. The child, whilst not dead when delivery was effected, after half an hour's effort at artificial respiration, administration of baths, brandy, etc., was abandoned. On news of the child being dead, the mother seemed to suffer from shock, and two hours and a half later died. We would submit that the Britisher scarcely displayed the usual stick-to-it—evenness of his countrymen in going through these various experiments—"artificial respiration, baths, administration of brandy, etc.," all in a half an hour. The bath alone should have been given that time, and if supplemented with a little judicious bleeding from the navel, the result might have been very different. We would further submit that the administration of brandy to a new born infant, to say the least, may be of questionable benefit.

LEPERS IN TURKESTAN are graphically described (La Revue Médicale) by M. Guillaume Chapus. He says the Rirghez of Astrakan designate lepers as tchaple. The Tartars call them ourovoss—Koschour and the inhabitants of Turkestan, machaou. There is tuberculous, maculate and anæsthetic leprosy. The lepers are consigned outside of the towns, and all have marks of the disease about them. In 29, observed near Tachkent all had pustules in the face and hands, others were blind. In 4, fingers and toes had dropped off. In the district of Chodjent, M. Frenjeff saw a

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leper whose face had disappeared. The eyes, eyelashes, nose and chin had been destroyed. A shapeless aperture replaced the mouth. This individual, deaf, dumb and blind, aged 30, remained constantly stretched on the ground. Along the road can be observed groups of lepers in a complete state of apathy, and the traveler sees these masses of rags suddenly near, and in the crippled hands are extended wooden bowls, whilst a rough, harsh, smothered voice asks alms. In the large cities, or near their limits, are lazarettos reserved for lepers. The disease of leprosy appears to be stationary, and, although not growing, shows no signs of abatement during the last half century. When it is discovered that a new leper exists, the members of lazarettos send a committee to the unfortunate, inviting him to take up his quarters with them. If poor, he will follow, but if rich, he buys himself off by an annual tribute of about $100. The total number of lepers—Russian, Turkestan, Bokhara and Kiva, is about 500. The principal causes are regarded as heredity and defective hygienic conditions.

THE SOUTHERN ILLINOIS MEDICAL ASSOCIATION will hold its tenth annual meeting at DuQuoin, Thursday, June 19th, 1884. This society is one of the most important in the State, and is noted for the high standard and practical character of its work. The programme of the coming meeting is a most excellent one, including reports on the various departments of medicine by standing committees, voluntary papers, routine business, etc. On the evening of June 19th, Dr. Norman Bridge will deliver a popular lecture at the Opera House, to which the public are invited. It is to be hoped that the attendance will be large, as it no doubt will be. A full report of the proceedings will appear in the REVIEW.

STATISTICS OF YELLOW FEVER in the United States for the past fourteen years have been compiled by Col. Geo. E. Waring, Secretary of the National Board of Health. The table shows the number of cases and deaths, and localities in which they occurred from 1870 to 1883, both years inclusive. The compilation is from the best available records, and is supposed to be more correct and complete than any statistics hitherto published. It shows, as its general result, a total of cases of 115,406 for the fourteen years, with a total mortality of 21,797, the percentage of deaths to cases being 18.8 per cent. The three most fatal years were '73, '76 and '78; the latter year furnishing almost two-thirds of the entire number of cases and deaths. The figures in many instances are, of course, merely approximations, as our lack of a proper system of procuring vital statistics is a great drawback to accuracy, but, taken as a whole, Col. Waring's table is probably the most reliable yet published. His recapitulation, by years, is as follows:

	Cases.	Deaths.	Proportion of deaths to cases.
1870	2,659	639	24
1871	250	54	21.6
1872	160	39	24.3
1873	15,410	3,397	22
1874	336	76	22.6
1875	300	61	20.3
1876	15,711	1,136	7
1877	1	1	100
1878	73,842	15,230	20.6
1879	2,895	804	27.7
1880	27	10	37
1881	4	3	75
1882	3,636	309	8.5
1883	175	38	21.7
Total	115,406	21,797	18.8

CYSTS IN BONE TISSUE, according to Billroth, are never observed in the cortical layer, but always in the bone tissue. He says the development of these cysts observes two processes, which are sometimes combined. The bony and medullary tissue may undergo degeneration and break down, whether it be the spongy tissue or sarcomatous or inchondromatous tissue that is degenerated; or, as easily conceived, a cyst can form by the expansion of the bone tissue provoked by an accumulation of fluid which, submitted to the influence of considerable pressure, exudes and pushes, from inwards, outwards the different osseous layers. The development of the articular cavities, of the antrum of Highmore, and of the

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frontal sinuses, may be considered as a typical example of the early formation of cystic cavities in bone tissue. Articular cavities are formed by the breaking down of a pre-existing dense cartilaginous tissue. Cysts are often thus developed in osteo-sarcoma present in the medullary canal. Prof Billroth regarded dental cysts of the superior maxillary, formerly described as dropsy of the antrum of Highmore, as the prototype of tumors of this kind. Formerly, Billroth believed these cysts to be formed by the breaking down of a sarcomatous tissue. At the present time he belives they develop in the spongy tissue above the roots of the teeth; the areolæ are distended by the fluid, and eventually merge together. An abundance of fluid is secreted in the medullary lacunæ of the inner surface of the bone, and exercise so strong a pressure that the superficial layers of bone tissue are pressed outward. Hydatid bone cysts prove that bone tissue becomes distended when submitted to the influence of an expanding fluid. It is also probable that the cysts which are formed by the breaking down of pre-existent tissue are completed by their walls becoming distended, an exudation of fluid taking place.

THE AMERICAN PUBLIC HEALTH ASSOCIATION will hold its twelfth annual session in St. Louis, commencing Tuesday, October 14, 1884, and continuing four days. This organization had its beginning in the disinterested efforts of a few medical men in the Eastern States, but its membership is restricted to no class or profession, being made up of merchants, clergymen, journalists, railroad men, planters, sanitarians, lawyers, etc.., every one being welcome who is in sympathy with its object, namely, the practical advancement of the cause of public health in America. National, State and municipal health organizations have a large representation in its membership, and this fact, taken in connection with the extent and practical value of its labors, has gained it a standing, recognition and influence befitting its character as the representative body of its kind in .this country.

Its annual sessions, hitherto, have been mostly held in the East and South, where, especially in the latter, its influence has been exerted in a marked and beneficial manner to strengthen the hands and second the efforts of local organizations in their arduous endeavors to promote healthfulness, to repel infection, and to overcome epidemics. The deep interest and concern the commercial and manufacturing world must ever have in the maintenance of the general health, and in the freedom of trade and travel from the dangers, delays and demoralization incident to seasons of pestilence and quarantine, should cordially commend this body to the good will and hospitality of the business men and people generally of St. Louis. The welcome extended should be as generous as the situation of the city is central and commanding, and should do no discredit to its previous well-earned reputation in this respect. It is the wish and desire of the committee of arrangements to actively interest the business aud professional men of St. Louis in the objects, as well as the reception and entertainment of this association, and therefore all are cordially invited to meet the committee and local members in parlor 22, Lindell Hotel, at 7 o'clock p. m., on Monday, May 26, 1884.

THE BACILLUS TUBERCULOSIS AS A MEANS OF DIAGNOSIS.—We have often referred to this feature of the bacillus question, because we consider it of such practical importance. Whatever opinion we may hold relative to the bacillus being the prime agent or an accidental circumstance, the fact remains that, where the bacillus is found, there is also tuberculosis, and that where there is tuberculosis there is or has been, the bacillus. We overheard a remark in the general meeting of the American Medical Association, at Washington, which revealed the fact that the conversants had never seen the bacillus tuberculosis. Such admissions, however, are rather severe critical comments on the capacity—yes, we mean capacity—of such individuals, for the capacity of observing is almost invariably proportion-

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ate to the desire of observing. If the amount of work put in on this question, and the character of the men who have put in the work, is not sufficient to excite the curiosity of those interested, the centre of curiosity must be rather sluggish.

In the official report of Dr. Struck, Dr. Gaffiky gives a series of 982 observations on tuberculous patients with one individual slide to represent each observation; and in this number of observations he demonstrated the presence of the bacillus 938 times, and failed to find it only 44 times. Thus examining only one slide or cover glass, he failed to find it in only 4.5 per cent. of the cases, and demonstrated its presence in 95.5 per cent. of the cases. The physician cannot afford to neglect such indications as these in a doubtful question of phthisis.

TAKE CARE OF THE TEETH.—To produce and maintain good, sound teeth, the work must commence with the mother (Ind. Pract.) The child, too, must be nourished with food containing all the elements found in teeth.

Food must not be allowed to remain around and between the teeth till it ferments and becomes an acid. Avoid extreme use of lemons and strong acids.

Rinse the mouth after eating acid fruit. See that teeth are properly cleansed during any illness. See that tartar or lime does not form around the necks of teeth, as it inflames the gums and eventually causes teeth to loosen and fall out.

Urge cleanliness and frequent watching of the teeth under your care. So will you benefit your patient and honor your profession.

THE ATTITUDE OF PROF. VIRCHOW TOWARDS DARWINISM has been frequently misrepresented, and he is often quoted as being hostile to the theories of the dead scientist. It is therefore of interest to hear what Virchow himself has to say on the subject. At a student's reception during the recent Edinburgh University Tercentary he expressed himself to the following effect:

I never was hostile to Darwin, and never have said that Darwinism was a scientific impossibility. But at that time, when I pronounced my opinion on Darwinism at the Association of German Naturalists, at Munich, I was convinced, and still am, that the development which it had taken in Germany was extreme and arbitrary. Allow me to state to you the reasons on which I founded my opinion. First, Darwinism was interpreted in Germany as including the question of the first origin in life, not merely its manner of propagation. Whoever investigates the subject of development comes upon the question of the creation of life. This was not a new question. It is the old generatio equivoca, or epigenesis. Does life arise from a peculiar arrangement of inorganic atoms under certain conditions? We can imagine oxygen, carbon and nitrogen coming together to form albumen, and that out of the albumen there was produced a living cell. All this is possible; but the highest possibility is only a speculation, and cannot be admitted as the basis of a doctrine. In science it is not hypotheses that decide, but facts; we arrive at truth only by investigation and experiment. I need not say that this demand of science for proof, instead of speculation, was long ago made in England. Ever since the time of Bacon it has had a home amongst you. We may concede that generatio equivoca is a logical possibility. But it is important for you students always to bear in mind the great distinctions between the construction of logical possibilities, and their application in practical life. If you try to shape your conduct simply according to logical possibilities, you will often find yourself coming into violent conflict with the stern facts of existence. Let me give you an illustration. In recent times the fact of the presence of minute organisms giving rise to important processes has been recognized, not only in medicine, but in connection with agriculture, and various industries. It was of the utmost importance to determine whether these organisms were originated de novo in the decomposing bodies, or were produced by similar pre-existing organisms, and introduced from

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without. A century ago it was possible to admit the spontaneous generation of micro-organisms. But here sits M. Pasteur, the man who has demonstrated, by means of direct experiment, that, in spite of all logical possibility, all known micro-organisms found in decaying matter are derived from similar ancestors. No man would now be justified in practical life in acting on the possibility of a generatio equivoca of micro-organisms. A physician who finds himeelf in presence of infectious disease among his patients, or an agriculturalist whose crops are blighted, or a man engaged in the production of alcohol or sugar by fermentation, must set himself to discover what brings about the changes with which he has to deal; he must see that organisms are there which have been imported from without, and must then inquire from whence they have been derived. The physician who has to combat an epidemic dare not act as if the germ were spontaneously produced in any patient. Such is the difference between logical possibilities and the practical work of daily life. Every teacher of science must lead his students to suppose that each living being that he meets must have had a father and mother, or, at least, one or other of them; and every scientific conclusion maintains that one generation is legitimately descended from another precisely similar. That was one consideration that led me to warn my fellow countrymen against developing a system out of logical possibilities.

At the very time when we were getting free from the chains of former dogma, we seemed to be in danger of forging new ones for ourselves. The second question concerning Darwinism had regard to the descent of man, whether from apes, or other vertebrate animals. Was there anywhere a pro-anthropos? In regard to this questiog, I thought that the existence of such a precursor of a man was a logical possibility, perhaps a probability. Only I found, to begin with, that it was a purely speculative question; not one raised by any observed phenomenon. No pro-anthropos had ever been discovered; not even a fragment of him. I had myself long been specially occupied in making prehistoric investigation to get near the primitive man. When I began these studies, twenty years ago, there was a general disposition to arrive at this discovery. Everybody who found a skull in a cave, or a bone in the fissure of a rock, thought he had got a bit of him. I wish you specially to notice that the smaller the fragment or skull, the easier it was to make it out to be the skull of the pro-anthropos. It was never thought of where an entire skull was in hand. When the upper part of the cranium alone—the calvarium without the face and the base, as is the case of the Neanderthal skull—was discovered, it was easy, by changing its horizontal position, by elevating either the anterior or posterior part, to give the impression that it had belonged either to a being of a superior or of an inferior race. You can make the experiment with any calvaria. If you make a series of diagrams of skulls, placing them over each other, you may make them appear similar or dissimilar, according as you choose one or another fixed point for bringing them into relation. I should like to impress upon you that every discovery of that kind should be received with caution and scrutiny. In my judgment, no skull hitherto discovered can be regarded as that of a predecessor of man. In the course of the last fifteen years, we have had opportunity to examine skulls of all the various races of mankind—even of the most savage tribes—and among them all no group has been observed differing in its essential characters from the general human type. Hence I must say that an anthropological teacher has not occasion to speak of a pro-anthropos except as a matter of speculation. But speculation in general is unprofitable. As Gothe says;

> "Ein Kerl der speculirt
> Ist wie ein Thier auf oeder Heide.
> Vom boesen Geist umbergefuhrt."

["A speculating fellow is like a beast on a barren heath led about by the Evil Spirit."]

The day before I gave the address in Munich to which I have referred, Haeckel had gone so far as to prospose to introduce into our schools a new system of religious instruc-

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tion based upon the doctrine of the Descent of Man; and I think it necessary to guard against the danger of constructing systems of doctrines out of possibilities, and making these the basis of general education. Lastly, I have to refer the geological aspect of the question. This is the most important aspect of it as treated by Darwin himself; and here we must recognise that the most important advance has been made in consequence of his ideas in our understanding of the progressive development of organs in the different classes of animals. From the earliest period, the organization of man has been regarded, as an animal organization; and, therefore, from a zoological point of view, the body of a man must be regarded as belonging to the animal kingdom. That I do not wish to deny. This day ten years ago, Liebig died. I recall his memory at this moment to repeat one of his memorable sayings, "Natural science is modest." He meant that that science should be confined within the limits of observation. Every man who goes beyond that sphere becomes a transcendentalist, and transcendentalism has always been dangerous to science.

PREVENTION OF BLINDNESS IN INFANCY.—The Manchester and Salford Sanitary Association has issued instructions on the above subject for the benefit of nurses and mothers. The rules (London Practitioner) are based upon the directions of the Society for the prevention of blindness.

"One of the most frequent causes of blindness is the inflammation of the eyes of new-born babies. Yet this is a disease which can be entirely prevented by cleanliness, and always cured if taken in time.

"The essential precautions against the disease are:

"1. Immediately after the birth of the baby, and before anything else is done, wipe the eyelids and all parts surrounding the eyes with a soft linen rag; soon afterwards wash these parts with tepid water before any other part is touched.

"2. Avoid exposing the baby to cold air; do not take it into the open air in cold weather; dress the infant warmly, and cover its head, because cold is also one of the causes of this eye-disease.

"When the disease appears it is easily and at once recognized by the redness, swelling, and heat of the eyelids, and by the discharge of yellowish white matter from the eye. Immediately on the appearance of these signs seek the the advice of a medical man; but in the meantime proceed at once to keep the eyes as clean as possible by very frequently cleansing away the discharge. It is the discharge which does the mischief.

"The cleansing of the eye is best done in this way:

"1. Separate the eyelids with the finger and thumb, and wash out the matter by allowing a gentle stream of lukewarm water to run between them from a piece of rag or cotton-wool held to or the inches above the eyes.

"2. Then move the eyelids up and down and from side to side in a gentle, rubbing way, to bring out the matter from below them; wipe it off or wash it in the same manner. This cleansing will take two or four minutes, and it is to be repeated regularly every hour at first, and later, if there is less discharge, every hour.

"3. The saving of the sight depends entirely on the greatest care and attention to cleanliness. Small pieces of clean rag are better than a sponge, as each rag is to be used once only and then burnt immediately; sponges should never be used, except they are burnt after washing.

"4. A little washed lard should be smeared along the edges of the eyelids occasionally to prevent them from sticking.

Special Warning.—"Of all the mistaken practices which ignorance is apt to resort to, none are more ruinous than the use of poultices. Let them be dreaded and shunned as the destroyers of a new-born baby's sight. Tea-leaves and sugar of leadlotion are equally conducive to terrible mischief, stopping the way as they do to the only right and proper course to be taken."

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CONTRIBUTIONS.

RHINITIS PRURITUS, OR ITCHING NASAL CATARRH (HAY FEVER, ROSE COLD, JUNE COLD, JULY COLD, AUTUMNAL CATARRH.)

By Thos. F. Rumbold, M. D.

Read before the St. Louis Medical Society, May 3rd, 1884.

The Present Names Inappropriate; A New Name Suggested.

All the names by which this peculiarly phenomenal complaint is known, are inappropriate and misleading.

As changing the name of a disease should not be acquiesced in by the profession without good reasons being given for it, I ask permission to take a part of your valuable time, while I will endeavor to show that, from the characteristics of the complaint, the names given are misleading; and afterward, because of the uniform presence of a peculiar symptom—itching—suggests this as a name.

It is noticeable that the names given to various diseases are designed to impart as much information as possible concerning the complaints designated; that is, they give the most prominent peculiarities of the phenomena of the diseases. Thus, some of the names indicate the location of the part of the body affected, as cerebro-spinal meningitis, pneumonia, rhinitis, laryngitis, otitis, etc.; others, the appearance of the patient while sick, as yellow fever, scarlet fever, spotted fever, etc.; others, the supposed cause of the ailment, as malarial fever, bilious fever, hay fever, etc.; and still others, the time of the year in which these attacks occur, as summer catarrh, autumnal fever, etc. If all of these names truly indicate what they seem to do, then they might very properly be retained, but if any of them indicate that a certain prominent fact or feature of a disease is constantly present, so as to distinguish it from other diseases, when such is not the case, then most certainly, the misguiding name should be discarded, as its retention will be very liable to lead to an erroneous diagnosis, and thus a case might be excluded from its proper class, and, as a consequence, be improperly treated.

Recent investigations, of a very thorough character, go to prove that the various names by which this complaint is designated are misleading. I am not unmindful of the fact that Dr. Morrill Wyman, a high authority on this complaint, regards the spring and fall forms as separate diseases. In this I think that he is mistaken. On this point I agree with Dr. Geo. M. Beard, also an excellent authority on Hay Fever. Dr. Beard says: "In view of the large number of facts afterward obtained, and which are recorded in this work, it was found necessary to abandon this theory, [the two forms of the complaint,] and to admit the substantial identity of 'autumnal catarrh' and 'June cold.'

If the dates of attack and disappearance were erased from the history of a case of this disease, I defy even an expert, to do better than guess the season of the year in which it occurred, nor could he make a better guess as to the duration of the attack. I am unable, after a very careful study of Dr. Wyman's valuable work, to perceive the difference between the spring and fall attacks of the complaint, except that they almost uniformly occur, the one in the spring and the other in the fall; but the individuals who have the attack uniformly in May, in June or in July, relate, *identically*, the same symptoms, as do those whose date of attack occur in August or September. All kinds of this class of sufferers are exempt from attack, by resorting to the same mountainous regions of the country and, according to my experience, all are relieved by the same kind of hygienic management and the same kind of constitutional and local treatment. Cases are not at all uncommon which may, for a few years, be affected in the early summer months, but, from some unknown cause, pass the usual period of attack, and experience it either later or earlier than usual. I have a young patient under treatment now, whose first attack occurred in July, the next in May, and the next in September.

That others consider the name not the most suitable, is seen from the following quotation taken from Dr. Beard's work, He says:

"The inappropriateness, or rather the insufficiency of the term, 'hay fever' is now quite generally admitted; for even where the predisposition exists, hay of any kind, fresh or dried, acts as an exciting cause in but a minority of cases, and rarely, if ever, is it the only irritant that gives rise to the paroxysms."

The name "hay fever" indicates that hay alone is the cause of the attack, which is very far from being the case. I have a patient who can handle hay at any period of the year without experiencing the least inconvenience; another one who is not the least affected by it, as long as his scalp and face is not moist with perspiration. While this patient is perspiring during warm months, any kind of dust, but especially that from an old

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carpet, instantly sets him wild with an itching sensation of his face and eyes, soon followed by the same sensation in the nostrils, and by sneezing.

The same objection holds good with respect to the names "rose cold," pollen fever," etc. It is almost universally admitted that any one kind of pollen, or any one kind of flower may seriously affect some persons, and have no bad effect on others, yet the phenomena of the disease are alike in all patients, whether they are attacked in the spring, summer, fall or winter.

This brings us to the names which designate the seasons of the year in which the attack occurs. If the seizure uniformly commenced in June, July or during the autumn months, the name of the month or of the season of the year might very properly be prefixed to the word "cold," "catarrh," "fever" or "asthma," but my observation since 1862, and the very thorough investigation of Dr. Beard leaves no doubt that the attacks may occur in any month during the summer. Because of its so frequent appearance during the summer months, Dr. John Bostock, of London [1819], suggested the name "Catarrhus Æstivus," or "summer catarrh." This also is misleading, as well as Dr. Wyman's name, "Catarrhus Autumnalis," or "autumnal catarrh." These names indicate that individuals could not be attacked during cold weather, yet it is *well* known that the complaint may sometimes affect its victims as late as October, November, December, and even January, according to Dr. Beard's report. I had a patient who was attacked every month from April to November; and I have one now under treatment who has had attacks for two years, the whole year around, whenever he is where the air is hot and dusty. It does not detract from the value of these facts, to say that this last patient, and all other patients, who have been under my care, had their winter attacks much less severely than their warm weather attacks; nor is the argument weakened by the fact that the very great majority of attacks of this complaint occur in warm weather. As the *very same* symptom occur in cold weather, the warm weather name is misleading.

The following tables will give, in a condensed view, the dates of attack and of disappearance. These tables, which are taken from Dr. Beard's valuable work, do not show the duration of the attack. He received his information from answers to inquiries sent to individuals afflicted with this complaint numbering 200.

TABLE OF DATES OF ATTACK.

From	May 1	to	10	2	From	Aug. 1	to	10	7
"	" 10	"	31	6	"	" 10	"	20	81
"	June 1	"	10	11	"	" 20	"	31	54
"	" 10	"	30	8	"	Sept. 1	"	10	7
"	July 1	"	10	6	"	" 10	"	20	1
"	" 10	"	20	6	"	" 20	"	30	2
"	" 20	"	31	7	"	June to Sept.			1
						From Aug. to Jan.			1

As to dates of disappearance the answers received were the following:

TABLE OF DATES OF DISAPPEARANCE.

January or early winter	2
About January 1st	1
Late in winter	1
March 1st	1
Middle of July	6
Latter part of July	5
Early in August	5
Middle of August	2
Latter part of August	1
Early part of September	2
Middle of September	13
Latter part of September	26
Early in October	42
Middle part of October	14
Latter part of October	3
Early in November	9
Middle of November	4
Early in December	1
Middle of December	1
From September 15 to December 25	1
With frost or cold weather	35
Three weeks after beginning	1
Cannot state definitely	1

It is self-evident, from the facts shown by these tables, that "Rose Cold" "June Cold" "Hay Fever," July Cold," "Summer Catarrh," "Autumnal Catarrh," are all inappropriate or rather insufficient names, and that any one of them will tend to mislead the physician who would allow himself to be guided by the characteristics suggested by the name.

A strong point in favor of the parasitic or vegetable theory is made in the constancy and regularity of the appearance of the disease, at given times with *some* of the victims, not only coming on at a fixed day, but the very hour, and also its almost regular disappearance at such times as might usually be expected, that the spores of bacteria or vegetable growths would be destroyed by natural causes. As Dr. Beard says, while speaking on this point of the subject, this suggests to almost any one the possibility that some parasitic or vegetable emanations, appearing only during the season of the disease, might be the cause.

"If it could be shown that some at least of the symptoms were felt at any other than these so-called catarrhal seasons; if sufficient evidence of the occurrence of certain phases of the malady in the winter and spring could be obtained, the parasitic and vegetable theories would be seriously shaken.

"This evidence is here given. The hay fever symptoms that are in the winter excited by exposure to the dust of hay or the house, or to animal emanations are usually, if not always, of a transient character, lasting but a few minutes or hours, but for this brief

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time they are characteristic of the disease, and they do not appear in other persons."

He arrives at these conclusions from answers to the following question: "Do you ever have during the winter or spring, when exposed to any of the exciting causes as dust, etc., attacks resembling 'hay-fever' in a mild form, lasting perhaps for a few minutes or hours?"

Of 200 affected individuals, 101 answered, "yes;"77,"no." His special replies to this same question contain these significant expressions: "Lots of e'm,but mild in form." "For a few hours." "Dust of hay will cause it," "Caused by dust," "Dust of sweeping."

RHINTIS PRURITUS, *or Itching Nasal Catarrh*, is the name that I have selected for this, as yet unexplained phenomena. This name is descriptive of its most prominent and constant characteristics, namely, *itching*, *inflammation* and *flow of mucus*. The attack is ushered in by an itching of the nose and face; this soon affects the eyes, causing intense suffering. The itching sensation in the nostrils gives rise to storms of sneezing, this, in turn, makes the eyes still worse. Presently the itching reaches the soft palate and the fauces; to relieve these parts of this same sensation, the tongue is used to rub them. As the tickling is not relieved, a rasping cough is tried, which is so persistently continued, that the throat soon becomes sore, and in older sufferers, shortness of breath ensues, and symptoms of asthma are developed. I have not had a patient that did not experience this itching early in the disease, and it was always prominent. Dr. Beard gives this as the first symptom, and on page 118 says, "This is one of the first, oftentimes the very first local symptom of an attack."

Dr. Wyman, in his work on "Autumnal Catarrh," in mentioning the local symptoms as they occur, says on page 12, "The lining membrane of the nostrils is the part first affected: beginning with a slight tickling, or itching, which soon shoots upward toward the eyes, and even into them."

Because of the uniformity of this symptom and its always being accompanied by inflammation, I think that RHINITIS PRURITUS or *Itching Nasal* Catarrh is far more descriptive of the complaint than any of the names now given to it. This name indicates the first, the principal and most prominent symptom, and is truly characteristic of the malady at whatever season of the year the victim is attacked, and it is not misleading.

[TO BE CONLINUED.]

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

[CONTINUED.]

DR. ———.—How is Menière's disease produced?

DR. WILLIAMS.—How do you account for the discharge from the mouth?

DR. BREMER.—The equilibrium of a person is maintained by this fluid in the labyrinth. If there is a normal pressure within the latter, the equilibrium is undisturbed, but if this pressure is in any way modified the equilibrium is at once lost and there is a tendency for the person to fall. The altered pressure may be due to a tumor, to an exudation of serous or purulent fluid, and it is also caused by external injury of the ear and by catarrh of the middle ear. It has also been experimentally produced, I do not remember by whom. I believe I was asked how the pus escaped. I cannot explain that.

DR. WILLIAMS.—Do you believe the pus came from the brain cavity?

DR. BREMER.—That is another point. The trouble was probably suppurative meningitis, but it is very rarely that there is any great quantity of pus discharged.

DR. MOORE.—There was a very great deal, probably two or three ounces.

DR. BREMER.—Well, that is enough. Suppurative meningitis is a comparatively rare disease; as a rule its inflammatory products tend to organize.

DR. HILL.—During the reading of the paper the doctor spoke of the very trivial cause from which this trouble sometimes arose, such as a gum-boil, a decayed tooth or something of that sort. I ask the doctor whether he made any examination of the teeth or of the antrum or frontal sinuses, etc.

DR. MOORE.—I did, sir. I made a very careful examination and found no evidence of decayed teeth further than a spongy condition of the gum; no suppuration whatever.

DR. MULHALL.—Where did the pus come from? From the hard palate, or did it come from the alveolus?

DR. MOORE.—It seemed to come from a hole in the hard palate as well as I could determine. I put my finger as far back as I could and as well as I could judge it seemed to come through a hole in the hard palate.

DR. HURT.—I do not see any necessity to assume that this was an intracranial abscess in order to account for the symptoms produced.

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The pus may have been entirely external to the skull in the periosteal structures or it may have been in the vicinity of the labyrinth of the ear. Pus may have formed in any locality under the base of the brain, and have been sufficient to have produced the symptoms that were noted in the case.

Stated Meeting, April 19, 1884, Dr. Dudley, President, in the Chair.

Ovarian Cyst.

Dr. Hurt.—Mr. President, Dr. George W. Wilson of Queen City, Missouri, while here on a visit last winter spoke to me of an interesting case, and as I expressed some interest in it he has written me this communication. I will read the pertinent points. "The following is a brief history of the patient of whom I spoke to you last winter. Mrs.——, 69 years old, has had seven children and aborted several times. Her mother died of cancer of the breast and two sisters are reported to have died, one at the age of 60, the other at 65, with enlargement of the abdomen; cause of enlargement not known. The patient was aspirated for the relief of a large ovarian cyst the first time on Oct. 13th, 1883, and two and a half gallons of fluid removed; again on Oct. 26th I aspirated and drew off three gallons of fluid; on November 9th I aspirated the third time and drew off three gallons and three pints. As there was at the base of the cyst a solid tumor the size and shape of a hog's kidney, or perhaps larger, at this operation I injected into this tumor through the aspirator two and a half drachms of a mixture composed of one part tincture of iron and two of water. This caused a free secretion of urine and there was considerable pain and tenderness in the tumor for several days. On November 25th I again aspirated and drew off two gallons and four pints. On December 19th I aspirated the fifth time and drew off two gallons and six pints of fluid. The sixth operation was made on the 17th of January, 1884, when two gallons and four pints were drawn; the seventh operation was performed to-day, April 16th, and yielded two gallons and two pints. You will notice that the interval between the operations for the removal of the fluid has gradually lengthened since the injection of the tumor with the iron mixture; the last interval being just 100 days and the quantity of fluid found at each operation lessening. After each operation, I noticed that the tumor was becoming smaller and harder. It is now about the size of a hen's egg, and I hope I will not be under the necessity of using the aspirator more than once more, if that. You remember we spoke of using iodine to wash out the cyst after removing the fluid, but today I thought I would wait and use it in the future if necessary. My preference for the iron mixture as an injection into the solid tumor was suggested by the diathesis of the patient. The tumor is on the right side, and I think is of the broad ligament. There is some trouble on the left side, not much. Perhaps some of the St. Louis ovariotomists would think my treatment rather imperative. Yours etc."

The point of interest in this report is his having injected into the base of the cyst, which seemed to be composed of solid tumor, a pretty strong solution of the tincture of iron with water in proportion of two and a half drachms of the iron to two drachms of water. The modus operandi of this mixture must be understood simply as astringing — I suppose it acted by astringing the vessels of the tumor, or perhaps by exciting inflammation, so that some of the vessels were obliterated and hence the tumor has gradually subsided. As you will see, the necessity of tapping has gradually lessened—the last interval between the aspirations being one hundred days, whereas early in the history she aspirated twice in that length of time.

Dr. Schenck.—I do not see anything especially remarkable in this case. When the doctor commenced reading it I supposed it was of interest on account of the quantity of liquid that had been drawn. The injection of iron into this tumor—he does not state the very location of the tumor. Is it a tumor inclosed inside a cyst wall, an endogenous tumor or not? He speaks of the tumor as probably being of the broad ligament, and of the cyst as being ovarian. Is this a cyst of the broad ligament or of the ovary? In reference to the size of the tumor decreasing we know perfectly well that if we can check the cystic growth of these tumors that they will decrease; there may be an opening into the abdominal cavity, which is perfectly feasible, and the contents are perfectly harmless; some of the contents may get into the cavity and reduce its size without using iron at all. These cysts of the broad ligament are very different in character. Two or three weeks ago I remember seeing a cyst which we removed from the broad ligament, in which the cysts were multilocular, in which each different treatment had almost the same effect upon the tumor—the contents were decreased, there being sometimes more or sometimes less. There is nothing exceptional in that case. I have now a case under observation of an ovarian tumor,

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and singularly enough it is of twenty years' existence, and it opens spontaneously, if I may use that expression, and there is probably a valvular connection of the tumor with the bladder, and from time to time frees the lady of her suffering. Within the last two months it has opened again. Sometimes it goes three months, sometimes four, and it has gone as long as twelve months without an opening. It does not always fill up with the same rapidity. I would like very much to know the character of this cyst. If it be ovarian it may be merely a growth—a cyst wall which we frequently find. I do not think this is an exceptional case, and I do not conceive that the injection of iron was of any benefit one way or the other; indeed, if there is any point in at all, if it be a tumor of the broad ligament, the use of the injection of iron would result, if used in sufficient quantity, in causing an inflammatory condition, it would be far from being beneficial. He had better have used pure water. Tumors of that kind which in olden times were supposed to be cured by tapping were not ovarian tumors, but cysts of the broad ligament, different entirely in their character.

Dr. Atwood.—Mr. President, some eighteen months ago a gentleman notified me with great glee that, after having been married nine years, he found his wife pregnant for the first time. He was overjoyed at the prospect of an heir, and from time to time, congratulated himself upon the results of his endeavors, and after a while,he having notified me of the date at which he expected his wife to be confined, I asked if the event had transpired. He said no, but they were looking for it hourly. Again and again I asked him about it and then requested him to give me the date of the last menstrual epoch, made the usual calculation and determined that she had gone over her time. I told him so and coming to me something like two or three weeks afterward he suggested that I should see his wife. I did so and found a lady attenuated almost to the last degree, her pulse exceedingly weak, feeble and frequent, threadlike, her appetite *nil*, her skin clammy, and her extremities œdematous. The abdomen presented the usual enlargement of pregnancy, only it was much larger upon inspection than is usually found at full term. I made a careful examination and found in the vagina something of an enlargement—a bulging. I found the abdomen at the uterine junction mainly occupied by a hard substance, nodulated, there being dense tissue alternating with sacs distended with fluid. The diagnosis was fibro-cystic tumor of the womb. I, however, visisited her the next day, and the second examination which was even more critical than the first, corroborated the first expressed view, and asked for consultation. One of the most eminent surgeons in the city saw the case with me and made an exceedingly careful examination, reaching the same conclusion, namely, that it was a fibro-cystic tumor of the womb. He declared that an operation was all that promised any benefit to the lady and that relief was quite hopeless. He stated that it was clearly my duty as the attending physician to say that her days were in all probbility numbered, that an operation was all that could furnish her relief and that thatwas pregnant with danger; that she had a fibro cystic tumor of the womb and that her condition was such as almost to forbid surgical interference. It was a sad duty to perform but I discharged it in as gentle terms and a kindly a manner as possible. She said in reply: "Doctor, I will think this matter over and communicate with you in writing." The next day I received a note thanking me for my attention and also for that of the consulting surgeon, and saying that she would seek other means of relief before submitting to an operation. I saw nothing more of her, nor did I hear anything for something like two weeks, when I encountered her husband and said to him: "Well, how is your wife?" He said she is getting along nicely. I said, "How about the tumor." He said, It is gone; it has disappeared. I said, that won't do, sir; how large is it at present? Why sir, he said, it is about the size a pear in the right groin. I said, who did you send for? He told me the name of a prominent irregular of the homeopathic persuasion. I asked: What did he say the tumor was? He said: It was exactly what you and your consultant declared it. Well, said I, what did he do for it? He answered, That a physician in New Jersey had discovered a new remedy for these tumors, that he had reported three cased that had been cured by it and that he would give her the benefit of the same treatment. That he put her upon the remedy and she immediately commenced to improve; that the tumor disappeared, her appetite returned and, in three weeks from the time the irregular had first seen her she had done her own marketing. I saw this gentleman afterwards and he told me that his wife had never had such health in her life as now, that the only evidence of the tumor was a litttle swelling in the right groin. Of course, I communicated this agreeable intelligence to the consulting surgeon, who felt as happy over it as I did. I do not believe that any surgeon in the world would have expressed a

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different opinion from that which we gave; indeed, the diagnosis was corroborated by the irregular himself. I neglected to mention that upon the occasion of my first visit I found extreme tenderness in the right hypochondriac region and the result of treatment was a mitigation to some extent of this symptom. I learned that this tenderness had been present for three or four days prior to my first visit and possibly it was this condition that caused her husband to send for me, because he still thought his wife was pregnant. Now the idea suggested itself that the cyst had ruptured through inflammation at the point of tenderness and its contents flowing into the cavity of the abdomen, absorption had taken place and the tumor had thus disappeared. Certainly no treatment from any remedy would in th e course of three or four days make such a powerful impression upon the tumor as to cause it to entirely disappear.

Dr. Pollak.—Was there no escape of fluid from the vagina.

Dr. Atwood.—None whatever, there was no escape externally nor any fistulous opening.

Dr. Schenck.—I would like to ask Dr. Atwood one simple question, whether the contents of a fibro cyst can be absorbed in that locality. You must remember that it is very peculiar material that constitues the fibro-cyst. Of course,a portion may be broken down blood, which is different in its character in different characters of fibro-cysts; but I doubt very much whether the material composing the fibro-cyst could be taken up in that manner. You know very well that the ordinary contents of a fibro-cyst will accumulate rapidly. Another point, the trepicula of the fibro-cyst, even if its liquid contents were all absorbed, would still leave a large tumor. I am not going to criticize the diagnosis of Dr. Atwood at all. I am fearful that this man has told him some things that are not true; has made some statements that would not be confirmed by examination if he were to make one. A fibro-cyst you know is very exceedingly filled with its own tissue; its own tripicula; and another point to indicate the thickness of the contents of the fibro cyst. I remember very well a fibro-cyst which was aspirated two or three weeks ago by introducing one of Tait's trocars and not one particle of the fluid would come through the trocar; it was perfectly thick; you could pick it up with the hand just like jelly. Now, I doubt very much whether the abdominal cavity could absorb that. It does not absorb very rapidly in that locality anyhow, and I doubt very much whether it would have taken up the contents of that cyst. I doubt very much whether the tumor has decreased until is is simply a small tumor in the right groin.

Dr. Atwood.—I cannot say anything of my own powers of diagnosis; but the consulting surgeon is a man of fine diagnostic ability and great experience in just such affairs: he made an exceedingly careful and close examination and reached a diagnosis of fibro-cysts; it was my own opinion. I believe that the tumor disappeared by absorption. Possibly there was an error in diagnosis. we cannot say so positively as there was no post-mortem, but the fact remains, and that the husband told the truth I am firmly convinced. He assures me that his wife walks about everywhere and that the abdomen is no larger than it was before taking on this growth; that she is in extraordinary good health. I have no reason to doubt his statement. I know him to be a truthful man.

Dr. Schenck.—I think very likely that there was probably here a cyst of the broad ligament with adhesions to the womb which would draw it up, and it would be perfectly harmless if it were ruptured. It is a question of great doubt whether the remains of these tumors that are left in the abdominal cavity do not tend towards malignancy. The statistics of Thornton point very strongly toward the theory that they do, and he contends among other things that even ovarian tumors when through carelessness or necessity, portions are left behind, tend toward malignancy. In this case there may have been a fibro-cyst of the broad ligament attached to the womb. This mistake may be made. I can tell you of a case that occurred in this city within the last twelve months in which a diagnosis was made of a fibro-cyst and in which an operation was commenced for the removal of a fibro-cyst and it turned out to be a tumor of the broad ligament. It is a mistake that is very frequently made where there are adhesions formed; it is very hard to tell the difference.

Dr. Hubt.—In the case reported by me, from Dr. Wilson, he gave no reasons for thinking it was a tumor of the broad ligament; he gave it as his opinion simply. As to the question of the locality of the tumor which was propounded by Dr. Schenck, perhaps he did not catch the expression as I read the note, that it was at the base of the cyst, and, as I suppose, he meant by that, that it was attached to the cyst, it was connected and formed a part, perhaps the base wall of the cyst. That would be my idea about it, though he does not say so much as that. It is very evident from the history of the case that there is a cancerous diathesis, or at least an hereditary predis-

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position to that disease. We infer so from the fact that the mother is reported to have died of cancer of the breast and that two sisters have died with an enlarged condition of the abdomen, and the inference is that the enlargement was either due to ovarian tumor or cancerous troubles. This case also leaves us in doubt as to whether there are more cysts than one; there is a strong inference that it is a unilocular cyst, and that would favor the idea of its being a cyst of the broad ligament, although it is reported as an ovarian cyst. If the doctor had described the quality of the fluid drawn we could arrive at a more accurate conclusion as to the origin of the cyst also; whether it were of the broad ligament or of the ovary. Cysts of the broad ligament, according to my reading on the subject, are most usually unilocular, although my friend Dr. Schenck has just spoken of a case under his observation where the cysts were multilocular, springing from the broad ligament, if I understand him correctly.

DR. SCHENCK.—I take this case from the report of the doctor to be an ovarian cyst from one fact: the rapidity with which the cyst walls filled up. We know very well that the growth of a cyst of the broad ligament is very slow; the secretion is very slow; while the ovarian cyst would increase very rapidly, as rapidly as he reported it. If we take the statement of its frequent tapping and consider the necessity of the tapping from the quantity of fluid which he drew, it must be an ovarian cyst. It would not have filled so rapidly if it had been a cyst of the broad ligament. Another point, if this be an endogenous cyst, or if there is an endogenous cyst inside of this cyst which he has been tapping, I do not see what indication the doctor has except this anaemic condition. It is not the albuminous contents of the cyst which makes these people anaemic, but it is the interference with the function of the ovary. So that this anaemic condition does not indicate anything at all. Another point: malignant tumors when growths of this kind are very rapid. Here is a tumor whieh is reported in 1882 to be as large as it is now. If it were malignant it would not decrease under the use of iron or anything else. Another point: malignant tumors of the ovary generally come not only in one ovary, but in both ovaries. It is true they are larger in one than the other, but it is very rarely that we find a malignant growth of one ovary alone. I see no indication in the report that this tumor is malignant; it does not bear the history of malignancy, and if we have simply the family history, we must remember that in the olden times diagnosis was very indefinite.

DR. HURT.—I merely wish to call the doctor's attention to the fact that it is reported in this case that there is some trouble on the left side also.

* * *

A CASE OF ACUTE GENERAL CHOREA.

DR. HURT.—I was called during the week to see a young married lady; small and quite slender, she having been married some four or five years. She had in the early history of her married life given birth to a child at full term, which she lost after nursing it some five or six months; that was about four years ago. For some two or probably three months she had considered herself again pregnant, and she experienced some inconvenience from that condition for which she had consulted an homoeopathic physician. Having changed her residence, however, and having grown worse, I was called in and found the lady in a very violent paroxysm, if we may so term it, of chorea, acute and general in its character. It seemed that all the muscles that could possibly be choreic were affected, and very violently. I gave about one-third of a grain of morphine hypodermically, and as she was very much opposed to it, having had it administered some years ago very much against her wishes, she seemed to resist to the extent of her power the administration of the drug, and in that way it had very little effect in quieting her; I put her on valerianate of zinc, with directions to push it as rapidly as possible. I called at first in the morning at nine o'clock; I called again at noon and she was no better. However, before I left in the morning, after prescribing the preparation of zinc, I left a prescription for some bromide of potassium and chloral combined; one part of chloral to two parts of bromide of potassium, directing fifteen grains of the former to thirty of the latter to be administered at a dose; with directions that if it had no effect to increase the quantity at each dose till it had some effect. I called at noon and they had administered the bromide mixture up to about twice or three times the amount at first directed; still it had no effect. I then put her upon arsenic, commencing with about four drops of Fowler's solution at a dose, and directed that it be pushed with increased quantities unless symptoms of intoxication ensued. I saw her again at night and she was no better, but, hoping that the continued use of the medicine would give her some relief, I insisted upon their administering the medicine as fast as possible. However, I found in the meantime that it was exceedingly difficult for her to swallow anything; she could not be held long enough and steady enough for

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her to take anything in her mouth. On the following morning I insisted on the medicine being persisted in. In the evening my patient was no better and I administered chloroform and examined her, first through the vagina, and found that the uterus was somewhat enlarged and seemed to be impacted—closed, either by impaction and version or by inflammatory adhesions that had existed at some former time, I could not tell exactly which, but I rather came to the conclusion that the uterus was both in a state of version, antiversion and fixed by adhesion. I examined her again through the rectum and rather came to the conclusion that I could feel the os uteri pointing back toward the sacrum—which confirmed me in the idea that the uterus was antiverted, the fundus lying down under the pubes and so fixed in that position either from the fact that it had become impacted by its growth or it was held down in that position by inflammatory adhesions. With the view of being sure that she was properly and thoroughly medicated, I prescribed suppositories composed of half a grain each of morphine and the extract of belladonna and two grains of iodoform, and waiting until the medicine had arrived, I administered one myself into the rectum and directed that if she was not quiet in two or three hours they were to administer a second and the third if necessary. Her choreic movements returned very violently after she came out from under the chloroform. She begged to have the chloroform kept up all the time, but I noticed that when she was under the influence of the chloroform she frothed at the mouth and exhibited strong evidences of inability to respire, and I was afraid to push the chloroform. The next morning my patient was reported no better, and as there was an homoeopathic student in the house who had been giving the patient some attention before she came under my observation, I was displaced in the treatment of the case and some homoeopathic physicians were called in. The husband came over and told me there had been a change in doctors, and said that the physician who had been called prescribed some powders which he directed to be administered, and said that if that treatment did not control the movements an abortion would have to be produced. I said to him, that is one way, but I should be afraid that the treatment would be quite as certain to kill as the disease in this case. I heard nothing more until this afternoon, when a lady called at my office who was in the house at the time the abortion was produced, and she reports that the lady died pretty soon after the abortion. I do not undertake to say exactly how soon she died after, but the operation of emptying the uterus I learned from her had been made, and that the patient died.

DR. POLLAK.—What did she die of?

DR. HURT.— The Lord only knows. I should think she had enough to kill her. I understand that there was a good deal of hemorrhage, whether therewas any choreic symptom at the time of death I am not preparated to say. Whether or not the emptying of the uterus checked the choreic symptoms I am not prepared to say. I do not report this case with a view of blam anybody. I did state to the husband that there was danger of his wife's wearing herself out.

* * *

LOSS OF SIGHT AND HEARING AFTER CEREBRO-SPINAL MENINGITIS—MENINGITIS.

DR. WILLIAMS.—I examined a case just before I came into the society which presented some matters of interest. The patient has now what we call common sore eyes, but the interesting fact in the case was that when quite a boy, several years ago, he had spotted fever. He was extremely sick for several weeks, and remained unconscious for quite a long time, and when he came to so as to know what was going on he was blind and deaf? After some days his vision and hearing began to return and in a short time both returned perfectly.This is the interesting fact connected with the case. We very rarely see a recovery of vision or hearing after a trouble this of kind. The rule is that such persons when either eyes or ears are involved, are hopelessly deaf or blind or both. This is, I think, the first case of the kind I have ever come in contact with where the patient was deaf and blind and afterwards recovered the use of both sight and hearing. His hearing and vision now are both perfect and have been so since convalescing from the meningitis. Such cases are extremely rare, and for that reason I mention the case.

THE ANNUAL MEETING OF THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

The annual meeting of the Pennsylvania Medical Society was held at Philadelphia May 14, 15 and 16, 1884. The meeting was called to order by the president, Dr. Henry H. Smith, with 360 delegates present. An address of welcome was then delivered by Gov. Pattiso The Committee on Vivisection reported a re

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olution condemning the anti-vivisection question in Philadelphia, which was adopted. An amendment to the effect that no paper should be read before the State Society unless previously read in full or abstract, before a county society, was indefinitely postponed.

A resolution was adopted recommending the passage of a law preventing adulteration of drugs. A resolution to appoint a committee to prepare legislative regulation for the sale of alcohol was lost. In the afternoon Dr. Benj. Lee, of Philadelphia, delivered an address on "The Present Outlook of Sanitary Agitation in Large Cities in the United States."

Dr. E. A. Wood spoke on the importance of organizing a State Board of Health. Dr. Henry Leffman read a paper on "Proper Medical Education." Dr. T. H. Fenton spoke on "Hygiene in Public Schools." Dr. Alice Bennet delivered an address on "The Relation of Heart Disease to Insanity." Dr. R. N. Chase read a paper on "The Protecting Rights of the Insane in Pennsylvania." Dr. J. P. Roberts offered a resolution that the Nominating Committee appoint a committee of seven to secure a charter for a new medical college to be known as the Pennsylvania Medical College, and to be situated in either Philadelphia or Allegheny County. Said college to have a preliminary examination, and a graded course of three years. Said college to be put in operation only on the condition that the present colleges do not adopt a preliminary examination by that time. This resolution was laid over.

The following were elected

OFFICERS FOR THE ENSUING YEAR:

President, E. P. Allen, M. D., of Bradford.

Vice-Presidents, Drs. Jacob Price, of West Chester; D. W. Bland, of Pottsville; C. Brandes, of Erie; and S. R. Rutledge, of Blairsville.

Permanent Secretary, Dr. W. B. Atkinson, of Philadelphia.

Recording Secretary, Dr. A. J. Cornell, of Lackawanna.

Corresponding Secretary, Dr. John G. Lee, of Philadelphia.

Treasurer, Dr. Benjamin Lee, of Philadelphia.

Committee on Publication, Drs. R. J. Dunglison, H. Leffmann, of Philadelphia, and E. Jackson, of West Chester.

Judicial Council. Drs. Traill Green, of Easton, J. A. Ehler, of Lancaster, and W. T. Bishop.

Next Place of Meeting, Scranton. Time, last Wednesday in May, 1885.

Chairman of Committee of Arrangements, Dr. J. F. Everhart. Associates to be chosen by the Lackawanna County Society.

Second Day.—Routine business transacted, and reports received. An address was made by Dr. W. H. Daly, on "Medicine." Papers were read by Dr. C. W. Dulles, on "Disorders Mistaken for Hydrophobia;" Dr. Traill Green, "A Plea for Chemistry;" Dr. Benjamin Lee, "Massage." Other addresses were, "The Principles of External Treatment in Diseases of the Skin," by Dr. Arthur Van Harlingen; "Jequirity and its Uses in Diseases of the Skin," by John V. Shoemaker; "Bronchitis and Pneumonia of Rheumatic Origin." by Joseph B. Potsdamer, and "The Work of Women Physicians in Asia," by Dr. Mary H. Stinson. Dr. L. B. Kline, of Columbia, read a paper on diphtheria, and Dr. Horatio Wood gave at length the results of some experiments which he and Dr. Formad have been making in the past three years. A series of discussions upon obstetrical matters was presented by Drs. Jacob Price and J. A. McFerran.

Dr. Jackson, of West Chester, presented a method of elevating the standard of medical education. It provided for the appointment of a committee of seven to make arrangements in full for the supervision of all diplomas granted throughout the State, and to secure such rigid examinations and requirements that a diploma may mean something and be satisfactory evidence of a real qualification. Several substituting motions were made, and there was for a time quite a breeze in the society. Finally the following results were reached: Dr. Jackson's motion was adopted and ordered brought up at the next session for thorough discussion, and to his committee the reference was ordered of a plan proposed by Dr. Gates, of Scranton, authorizing the appointment of a board of five examiners, to have charge of the granting of diplomas and licenses to practice. In the evening the retiring president delivered the annual address, his subject was "The Importanae and Usefulness of Scientific Medical Organizations to our Profession and the Public."

Third Day.—The report of the committee selected to consider the report of the Committee on Publication on the question of using the press as a means of unprofessional advertising was presented in the following form:

"All the papers read or appointed to be read before the society become thereby the exclusive property of the society, and the author has no right to publish or cause to published the paper, or any part of the same, without the consent of this society. The Committee on Publication shall not be at lib-

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erty to publish any paper that has been published in violation of the above requirements.

"Resolved, That the Medical Society of the State of Pennsylvania look with great disfavor upon the making use of this organization as an advertising medium, and hold such practice as contemptible, as a flagrant violation of the spirit of the code of medical ethics."

This was passed so amended as to authorize the society to take upon itself the responsibility of publishing the papers should it so desire.

A favorable report on the plan submitted during the first day to found a society to organize a State Board of Health was adopted. Resolutions paying tributes to the memory of the late Prof. Gross and proposing the erection of a monument to him in Fairmount Park were unanimously approved.

Dr. Joseph P. Leidy, professor of anatomy in the University of Pennsylvania and president of the Anatomical Board of the State, took up the question of bodies for dissecting purposes. He said the time had come when it was important that there should be a fair and equal distribution of bodies, and hoped that a resolution requesting the members of the profession to aid the Anatomical Board in carrying out the acts of Assembly in relation to the distribution of cadavers for dissection would be adopted.

Dr. W. H. Daly, of Philadelphia, said there was need for at least 700 bodies yearly for the the use of surgical classes throughout the State. There were enough bodies in some counties, but not in others. The trouble was that the bodies was not equally distributed. The law placed an effectual check on grave robbing. All bodies must now be receipted for, and superintendents of public institution are thus protected against fraud. No fault could be found with the law. It was the very best in the country, and under the Anatomical Board it is sure to be carried out, thus insuring to cemeteries full immunity from ghouls.

The resolution was adopted without a dissenting voice.

The papers of the day were on "Diseases of the Eye," by Dr. William S. Little; "Poisoning by Mydriatics," by Dr. Edward Jackson; "Forms of Epithelial Mycosis," from a Clinical Point of View," Dr. Albert G. Heyl; "An Electric Laryngoscope," by Dr. Carl Seiler; "Does Chronic Discharge of the Ear make Life Insurance Hazardous?" by Dr. Charles S. Turnbull. Dr. Peter D. Keyser read a paper entitled, "Some Ophthalmological Observations During Ten Years' Service in Wills' Eye Hospital" Dr. John B. Roberts, delivered an address on "Surgical Delusion;" Dr. J. William White on "The Operative Treatment of Purulent Pleural Effusion;" Dr. C. B. Nancrede on "Bichloride of Mercury as a Surgical Dressing;" Dr. DeForrest Willard on the "Non-necessity of Tarsotomy in Talipes of Children;" Dr. A. Sydney Roberts on "Chronic Articular Ostetis of the Knee-joint," followed by Dr. Janney, who presented an interesting case of deflected trachea, in which trachetoomy had been performed, the cause being an immense tumor on the right side of the neck.

The society was most hospitably entertained by the resident physicians. Receptions, a banquet, and an excursion to Cape May were prominent features of the occasion.

CORRESPONDENCE.

PEOPLE VS. MILLARD.

To the Editor of the Review.—Where the symptoms in the last illness become controlling facts in determining whether death was from disease or poison, the charge is not made out unless the prosecution negative everything, but poison as the cause of death.

When, owing to the insufficient character of the direct evidence, the experts become the witnesses on whose testimony the whole case rests, any error in admitting expert opinion becomes a fatal error.

The testimony of experts on assumed facts not submitted to them for their opinion. but called by themselves from what they heard on the trial and with which they had no right to meddle for themselves, is not competent.

No one has any title to respect as an expert. or has any right to give an opinion on the stand. unless as his own opinion, if he has not given the subject careful and discriminating study; and it is error to admit reference to writers and books so as to invoke their authority; it is no more than hearsay evidence.—Sup. Ct., Mich., March 6, 1884.

MYSTERIES OF SYPHILIS.

To the Editor of the Review.—In your issue of May 3d, you kindly refer to my paper in the Philadelphia Medical Times, of April 19, and in connection with the subject give cases from your own practice suggesting overlooked symptoms in persons apparently free from lues. To my mind, the cases referred to having "rheumatism worse at nights, certain wandering neuralgic pains, and sometimes cough, all of which yield only to regular antisyphilitic treatment." are clearly and beyond contradiction SYPHILITIC, although they may not have had any other more common and characteristic signs, either primary or secondary. Of course light cases are either unsuspected or erroneously diagnosed and treated by many physicians, but my reported cases have never shown one solitary sign direct or indirect of con-

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stitutional taint, and it was for that definite reason only that my article was written. The duration of freedom from any evidence of taint in the mothers since the birth of syphilitic children has been from six to twelve years, and the mothers are in typically perfect health. Slow though syphilis may be in developing secondary manifestations, it surely would not be so long as this in appearing I have purposely watched and waited these years that certainty may be claimed (so far as human certainty is infallible), and I feel confident, so far as an extended army (nine years) and hospital (twenty years) experience gives me liberty to speak, that whatever my knowledge of the subject may be I offer the present contribution to our common fundof information, with such assurance of its character as to make it worthy of record and difficult to disprove in support of my position as indicated in the title of mv paper.

Sincerely yours, W. R. D. BLACKWOOD

DEATH FROM OPIUM IN ANGINA PECTORIS.

Editor Medical Review.—In your issue of May you ask, if any of your readers have records of cases of death from the use of morphia or opium, in angina pectoris. I have seen two cases in which death occured rather abruptly after the administration of opium preparations.

On the 23rd of November, 1881, I was called to see see Mr. B., aged about 55 years. He was suffering intense pain in the precordial region, and was very restless and irritable. He had had several attacks at various times and he said. been promptly relieved by morphine. I prescribed Tr. Capsicum as a heart stimulant and Spts. Ether. Comp., as an anodyne, and ordered a mustard draught applied to the left chest. Saw him again the morning of the 24th. Pain was relieved, but not altogether banished, he appeared to be better and I ordered the medicine continued. In the afternoon he was troubled with an occasional sharp pang in the left chest and sent for another physician, who prescribed morphia sulph.. in 1-5 grains doses, every 2½ hours—was relieved after the first dose and took two or three. Said he was all right, and laughed and chatted with friends—continued so from the afternoon of the 24th to about 3 A. M., of the 25th, when I was called, in haste, to his bed-side, and found him dead, A post-mortem was refused.

The next case occurred in the practice of a neighboring physician, but was watch by me, as I had a patient ling in the same house. the mothér of seven children, six living and in good health. Her health was unusually good, and she had a good appetite and slept well at night, done most of the house work far a family of four. She eat as well as usual on the morning of March 16, 1882, and an hour or so after breakfast complained of pain in her left breast and shoulder. A physician was called and pronounced it a "slight attack" (of cardiac neuralsia). and prescribed 6 gr. doses of Dover's powder and 1 gr. of quinia every 2½ hours. Before taking the powder, she was sitting in a chair talking to members of the family, and remarked that she felt pretty well, and thought it was a cold. She took one of the powders, and forty minutes after threw up her hands, and exclaimed, "Oh! its going to kill me, I feel so queer?" She was carried, and then threw her head back and expired. A post mortem was refused, by the husband and friends. Now, the questions naturallv arises wouldn't these cases have termiuated fatally anyway? Or, did the the opiates cause death in ether case?

During a visit to Canada in January, 1882, a medical friend requested me to see a case of angina pectoris with him, and when he left the house he ordered Hoffman's Anodyne, in dram doses, remarking that he was afraid of morphia as he had lost a similar case, which died in thirty minutes after taking 1-6 gr. of morphia.

Now, it might be interesting to know whether there is any dauger in giving the Spts. Ether. Comp., or not, maybe some of the REVIEW have seen ill effects follow the use of it in Angina Pectoris. RORERT HALEY, M. D.

Brookfield, Mo., May 19, 1884.

HYDROPHOBIA AND MADSTONE.

To the Editor of the Review.—In last issue of the MEDICAL REVIEW (May 10), under "Hydrophobia—Madstone, Etc." mention was made of the stone in Giles Bros' store, and that a woman from Grand Crossing endeavored to procure the use of it.

The case was a patient of mine and the wounds had been thoroughly cauterized within a few minutes after bitten, but the parents having very great faith in the madstone theory were not to be pacified without it, so I obtained, through the kindness of Mr. Giles, the use of the stone mentioned, and applied it with the following result: At first application it was allowed to remain four hours, and during that time adhered so strongly that the boy could walk around the room without in the least disturbing it, its position being in the popliteal space. It caused no pain, no burning, itching or in fact any sensation more than the simple presence of the stone. At the end of four hours it was removed by a slight force and followed by slight bleeding. Upon examination no change in the stone could be detected except that a portion of the lymph and coagulated blood covering wound had been removed with it; there was not the slightest evidence of the stone having absorbed any moisture from the wound. The stone was then placed in warm or quite hot water and was but a few minutes in absorbing sufficient water to more than double its weight and it would not then adhere to any surface. No change or evidence was produced in the water. The second application was next day. The stone had become quite dry and adhered same as before for a couple of hours with the same results. The fact that the wounds had been cauterized probably prevented the stone from readily absorbing moisture. I tried it upon several moist surfaces and it would adhere to each in proportion to its moisture and my opinion is it would adhere to any wound of whatsoever nature until it had filled with moisture, regardless of the exact nature of the moisture and the idea (The people must be very primitive who entertain such an idea), that it will seek out out only the poisonous substance in the system is simply a superstition. Very Respectfully Yours, HIRAM S. PEASE.

Fifty-four amputations in one day are said to have been performed by the renowned Von Graefe during his active military service.

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BOOK NOTICES.

DRUGS AND MEDICINES OF NORTH AMERICA. A quarterly publication, devoted exclusively to the Medical, Pharmaceutical and Botanical History and Description of American Drugs, and the Plants yielding them. Containing Full Plate Engravings of all the principal American Medicinal Plants, and Full Illustrations in the text, including Original Pictures of the parts used in Medicine. It will begin with the first natural order, Ranunculaceæ, and will consider each plant in its natural sequence. Issued quarterly. Price—$1.00 a year; 30 cents per number. J. N. & J. C. Lloyd, 180 Elm St., Cincinnati, Ohio.

The first number of the above has been received. The plan of the work shows that it is not a journal, but an exhaustive treatise on native medicinal plants, issued in parts. The micro-drawing by Louisa Reed Stowell, and the illustrations by J. S. Knapp, are of high merit. It is printed on heavy tinted book paper, and the mechanical execution is excellent. The work is well worthy of indorsement. Its low price and important character should place it in the hands of intelligent practitioners.

Le Citizen Américain is the name of a paper published in Minneapolis, Minn. The peculiar features of the publication is that the English translation of the French is in alternate columns; in addition to its being an excellent little paper, it will prove invaluable to those desiring to study French. The price is $2.50 per year.

ASSOCIATION OF MEDICAL SUPERINTENDENTS OF AMERICAN INSTITUTIONS FOR THE INSANE.—The thirty-eighth annual meeting was held in the city of Philadelphia, commencing on Tuesday, May 13, 1884.

The following addresses, commemorative of the Fortieth Anniversary of the Association, were delivered:

History of the Association and Its Necrology, Dr. John Curwen; Causes of Insanity in America, by Dr. G. A. Shurtleff.

Progress in the Treatment of the Insane, by Dr. H. P. Stearns; Progress in Provision for the Insane, by Dr. W. W. Gooding; Progress in the Pathology of Insanity, by Dr. Daniel Clark.

THE AMERICAN LARYNGOLOGICAL ASSOCIA-ASSOCIATION elected the following officers for the ensuing year:

President.—E. L. Shurley, M. D., of Detroit.

Vice-Presidents.—Drs. J. H. Hartman, of Baltimore, and Wm. H. Daly, of Pittsburg.

Secretary and Treasurer.—Dr. D. Bryson Delavan, of New York.

Librarian.—Dr. T. R. French, of Brooklyn.

Council.—Drs. F. Donaldson, of Baltimore, and F. H. Bosworth, of New York.

The St. Louis Society of Microscopists will hold its next regular meeting, June 6, 1884.

ITEMS.

Dr. Dobson, of London, reports pregnancy in a girl of less than thirteen years.

The Kentucky State Medical Society will meet at Bowling Green, Tuesday, June 3rd.

Chicago's death rate, for the week ending May 10, is the lowest of any city of its size in the world.

The College of Physicians and Surgeons of New York graduated 105 students at the annual commencement on May 13th.

It is advised to mix creosote with two-thirds its weight of collodion as being a much better form for placing in carious teeth.

The French Association for the Advancement of Sciences will hold its thirteenth annual session at Blois, Sept. 4-11, 1884.

The Paris Society of Anthropology has been authorized to erect a monument to Paul Broca in front of the School of Medicine.

Tuffier and Verchéres presented a case of perforation of the intestine by a lumbricoid worm. There was peritonitis with simulation of uterine strangulation.

Virchow says, That the cases of trichinosis from American pork are manufactured out of whole cloth by local papers, who seek to keep out our products.

Paul Gibier contends that birds can contract rabies but that they recover spontaneously. He intends experimenting further to see if they can have the disease more than once.

A physician at Nimes was lately condemned to a fine of 1,800 francs as damages, and to pay 200 francs yearly to a patient, for malpractice—the treatment of a dislocated elbow.

"A nasal catarrh of the mucous membrane of the nose, situated upon the Schneiderian membrane is a nerve neurosis," is the recent utterance of a learned member of a medical society.

Bequest and donations to medical charities are much more frequent in England than in this country. Not a week passes but our English exchanges chronicle large sums given to the various hospitals and dispensaries.

Dr. Schumaker, Jr., of Aachen, says that in syphilis appearing with severe symptoms, the application of mercury in the form of embrocation, or inunctions of the blue ointment will, above all others, give the physician the best results.

Dr. Marshall D. Ewell, graduate in medicine and law, and professor in the College of Law in Chicago, has resolved to devote his whole attention to the legal aspect of medicine, especially as it relates to the questions of insanity, malpractice, railroad injuries, life insurance and the examination of medical experts.

The Belgian Academy of Medicine offers prizes for the following:

1. Determine experimentally the influence of dessications, employed as a preservative method, on simple remedies of a vegetable origin. Prize, 600 francs. Papers to be sent in up to July 1, 1885.

2. The physiological action of the abstraction of blood locally and generally, its indications and contraindications in the treatment of disease. Prize, 1,500 francs. Open to Dec. 31, 1885.

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THE WEEKLY MEDICAL REVIEW.

VOL. IX. No. 22. CHICAGO AND ST. LOUIS, MAY 31, 1884. TERMS: $3 A YEAR.

THE RECENT MEETING OF THE STATE ASSOCIATION AT SEDALIA, in point of numbers and enthusiasm was a success. There can be no doubt but that in interest and desire for work this society is growing each year.

One thing amongst others is sadly needed, however, and that is, a better system of work, a greater economy of time. In three days, by a limit of time for papers and discussions, a large amount of scientific work could be accomplished. We find no fault with the very efficient committees who had the programme in charge during this and preceding years, but would urge the adoption of better rules. All papers should be limited to a certain number of minutes, discussion should be held to the points at issue and be brief, and almost as important is it that the proper committees should have the titles of papers long enough before the meeting to make some systematic arrangement for their presentation. Of course not all papers can be announced before the meeting, but enough to give some general direction to each session.

The custom of having an annual reception or banquet is still mentioned and favored by many. Others think, and the number is fast increasing, that it is not in accord with the highest interests of the association that the best evening of the term should be barren of scientific fruit.

The social features of a medical convention cannot be wholly ignored, and nothing could be more pleasant than just such as were presented at Sedalia.

Considerable feeling was displayed during the first two days whenever the State Board of Health was mentioned, and it was feared by many that the action of the association would be construed as unfavorable and antagonistic. It was with some difficulty that a hearing of the Board officials was arranged for without debate. No doubt there has been much of error, and, at times, lack of judgment shown in the work of the board, but after a full statement was made, it was plain that the great trouble was in the want of completeness in the law, rather than in error in its enforcement.

A committee was for this reason appointed to secure additional legislation in this matter.

One thing is certain, and that is that if any good is to come out of the former efforts of the State Society in securing a Board of Health for the State, it must come by sustaining and correcting, but not by opposing and destroying it. If the law is defective, let us seek to improve it; if there are weak and objectionable members on the Board, let them be admonished, or for cause, dismissed; but do not let us commit infanticide because this offspring of united professional effort was not born a fully matured giant.

Each good man in the State should aid in the work of the Board, for he did by no means become relieved of his own responsibility when a few were chosen to officially enforce the law.

A matter of some comment has been the character of many of the papers presented during the last several years. It would seem that a little band of specialists, united by common or reciprocal interests, have been fortunate enough to have their papers listed for the best hours, and as soon as their "work" was done, to leave.

All honor to those who are active, all reward to such as modestly seek it, but when good men from the country have to wait, when a man has to bide his time for three years and then present his subject to a corpor-

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al's guard on the last day—a good paper too—we trust we are not unkind in claiming an equal share of the sessions for those who are unfortunate (?) enough to live outside the limits of our large cities.

An Abdominal Varix was presented to the Societé Médicale des Hôptaux by M. Troisier. The patient, age 33, had a considerable varix of each of the lower limbs and besides this a serpentine varix developed in the abdominal sub-cutaneous vein of the left side. It arose in the groin, where the vein joins the saphenous and traverses the abdominal parietes from left to right, forming a horse-shoe immediately over the umbilicus. The vein is hard, bosselated and completely obliterated, its calibre being about that of a pen-holder. There has been a recent phlebitis which is on the way to recovery. Cases of this kind are very rare and but few examples have been mentioned by authors.

The Illinois State Medical Society, which has just closed its session in Chicago to meet in Springfield in 1885 was more largely attended than usual; and the papers were better than the average. Those, however, who are appointed on committees to make reports relative to the various departments of medicine seem to fail utterly in assigning to the term report its common signification and substitute for a report merely their own personal experience. Now it is deplorable if from the literature our special journals afford us there is not enough in them, from the combined experience of the profession, to afford interesting matter enough for half an hour's discussion. Of course personal experience is always of value, but the proper place for it is in a separate paper.

The regular programme was on this occasion considerably deranged, principally on account of the committee on obstetrics failing to present their work when called upon on Tuesday afternoon. The other committees, expecting with reason that the report on obstetrics would occupy the rest of the day, were not present to respond when their report was called for. These various committees were with justice then placed at the end of the programme.

The number of papers presented at the close of the session was so great that discussion of the same was impossible. In order to make discussion more valuable and to give those who devote a fair amount of time to their papers, either the rule of exacting a synopsis of the subjects embraced in every paper to be presented, three weeks before the meeting, or to grant a special favor in point of time to those who do thus adhere to the rule should be adopted. The enforcement of such a rule would facilitate the disposition of papers.

A Case of Echinococcus in the Thorax forms the subject of an interesting record by Dr. G. Otto in the St. Petersb. Medicinishe Wochenschrift. The patient, man of forty-five years, had suffered for seventeen years from neuralgic pain in the right side of the chest. A tumor developed itself, noticed two years previously, near the inner border of the right scapula. It was growing, giving little inconvenience, but the neuralgic pains increased. The tumor was about the size of the fist, situated between the spinal column and the inner border of the right scapula; it was smooth, slightly movable, seemed to be fixed near the scapula. The left scapula was more prominent than the right, and pressure on the same increased the size of the tumor. No information was elicited by percussion, etc. The tumor had been diagnosed a lipoma and the reporter partook of the opinion. The neuralgic pains had been supposed to be of rheumatic origin. The enucleation was easy until the region of the scapula was reached when the sac burst and gave exit to several ounces of a grayish-yellow, thick fatty fluid in which was found an innumerable quantity of little bladders varying in size from a pins head to that of a grape. Then the finger passed through a hole directly into the cavity of the thorax. The contour of the hole was ragged and allowed the index finger to pass through it readily. The inner surface of

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the ribs produce the same rough sensation as the edge of the hole. From this cavity flowed the same kind of fluid which escaped from the sac when it burst.

The sac was removed at the border of the opening and a drainage tube introduced.

The operation was performed on the 13th July. On the 15th fever manifested itself. The cavity was daily washed out with a solution of salyiclic acid, and from the cavity, up to the beginning of Aug., were obtained more of the echinococci sacs varying in size from a grape to a hen's egg; some of them being whole and containing innumerable quantities of small sacs, others being in a state of degeneration.

Night sweats and cough developed and the appetite diminished so that death seemed imminent.

From the beginning of Sept. however, the fever diminished, the secretion of pus grew less, the hole became smaller, the cough disappeared and the appetite returned. A smaller drainage tube had to be used, but when this one was forced out the fever increased through the accumulation of pus. Finally in November the hole was closed without unpleasant symptoms. The neuralgic pains which were complained of in the right side have wholly disappeared.

The echinococcus had developed on the inner wall of the thorax outside of the pleura, had by pressure worked its way through the posterior thorax wall and beneath the muscles to the point indicated, where it gave the impression of a fatty tumor. The peculiar vibration associated with the hydited was not recognizable on account of the thicker condition of the contents.

Prof. A. Wurtz, one of the noted chemists of France, died May 12, one month after J. B. Dumas also a celebrity in chemical science. Wurtz was born in Strasburg, in 1817, and soon became well known through his works. In 1852, he replaced Dumas as professor of organic chemistry. Five weeks later, Orfila died and Wurtz then was named professor of organic and inorganic chemistry at the Faculty of Medicine. He continued to fill this place with brilliancy and always elicited the greatest enthusiasm from his students. In 1866, he was made Dean which position he occupied until 1875. Wurtz was Grand Officer of the Legion of Honor, a life senator and enjoyed many other honors and distinctions. He wrote many valuable treatises and made his mark as a luminary in modern chemistry.

The Surgical Treatment of the Malignant Disease of the Uterus will never cease to interest all engaged in the general practice of medicine, and the following, an abstract from the paper of Dr. W. H. Byford, whose experience in such cases has been extensive, will not fail to afford thought for reflection :

1. The more common forms of malignant diseases of the uterus are :

a. Epithelial or superficial cancer commencing on the free surface of the mucous membrane.

b. Interstitial (medullary) cancer commencing in the fibrous structure ; the deposit being within the lymph spaces.

c. The co-existence of these two varieties.

d. Sarcoma in which the cells are mingled with the fibers of the connective tissue.

2. The superficial cancer can often be removed and consequently cured.

a. By ablation of the cervix and as much of the body as is necessary.

b. When affecting the mucous membrane of the whole cavity, by thoroughly and repeatedly curetting all the morbid deposit away and cauterizing with acid, nitrate of mercury, bromine, or chloride of zinc.

3. The interstitial variety is incurable by any method of operation or by any means.

4. Frequent and thorough removal of the necrosis, down to the living tissue by the curette is the most efficacious of palliative measures in the latter variety.

The Exhibitors at Chicago who made displays during the meeting of the State Medical Society appear to be under the im-

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pression that they were not treated in the most hospitable manner. A suspicion seems to prevail amongst them that to a certain extent they have been imposed upon, and did not receive the fairest of treatment from the chairman of the local committee of arrangements. The vestibule of the hall in which the meeting was held was assigned to the exhibitors, the place, however, was not satisfactory, and one of them rented a hall in the vicinity for fifty dollars and made his display there, the others joining him as they arrived. The chairman of the committee of arrangements being like, John Gilpin, possessed of a thrifty soul saw here an opportunity to turn an honest penny. He insisted upon the lease of the hall being turned over to him and proceeded to sub-let the space. As there were some ten or twelve exhibitors, and and as each one one was charged from ten to twenty-five dollars, most of them the larger sum,it will be seen that the speculation netted a handsome profit; some exhibitors who came in in on the last day were forced to pay ten dollars. The chairman excused himself for this proceeding on the ground that local members had to pay all the expenses of the meeting; this, however, does not appear to be the case, as the Society itself appropriates funds to pay for hall rent, etc; even if it were so, the exhibitors do not see the justice of making them pay the piper whilst the members of the Society enjoy the dancing, and we are sure that the members would not approve of such a proceeding.

In striking contrast with this action is the manner in which exhibitors were treated last year in Peoria, and more recently in Washington. At the former place they were not charged at all for the privilege of making displays, and at the latter, only sufficient charge was made to pay the actual expenses. The chairman of the committee of arrangements at Washington tendered the exhibitors the surplus remaining after the expenses had been paid, they not only refused to accept it, but raised sufficient in addition to present him with a handsome silver tea-set, as a token of appreciation of his conduct.

Thrift is an excellent quality, but when it degenerates into that petty smallness which allows one man to squeeze another, simply because he has the power to do it, it is sometimes called by a harsher name. The other members of the committee, it is said, were not aware of their chairman's action, and cannot be held responsible for it.

Multiple and Progressive Atrophy of Separate Segments of the Skin. One very interesting event resulting from the union of the Illinois State Medical Society was the exhibit on invitation by Dr. G. W. Nesbit, of Sycamore, of a very peculiar form of atrophy of the skin. The case, which has been under Dr. N.'s care for some time, was a woman of about 75 years; she has suffered from certain difficulties associated with the catamenia and was never married. The affection of the skin developed itself, with almost no discomfort only as the patient, from experience became more adept in the observation could the development of the atrophy be anticipated. Its first appearance was observed by the development of a white patch of skin which underwent a process of maceration, a kind of digestive process; a well defined line of demarcation developed, and after an inflammatory action, more or less active, according to the extent of the atrophy, the slough was thrown off and a soft cicatrical tissue took the place of the former skin. The course of the affection seemed to follow the tracks of the cutaneous nerves; individual oval or round patches from a half to an inch long, and half to three-quarters of an inch wide, could in some places be seen running in parallel directions at each jump, leaving about as much whole integument as it had attacked. When the disease attacked the region of the mamary gland the irritation produced an abundant flow of milk, during which phenomenon the menses ceased. It seemed to pass from the upper part of the body downward, and whilst developing on the region of the genitals invaded the vagina where the atrophy of the superficial parts seemed to develop in a similar way. Exam-

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ined under the microscope, the slough exhibited masses of fibrillae of about the same breadth as the ultimate fibres of the crystaline lens, but less regular in outline.

In reflecting over this case, which Dr. Nesbit was kind enough to show us, we venture to refer to two somewhat similar phenomena which occur in parts of the body more deeply situated. In the first place, the atrophied patches where the slough was not thrown off, reminded us greatly of the kind of fatty degeneneration which takes place in the retina in Bright's disease. It is true the slough had not that pearly appearance, but it had an appearance which one could readily imagine would give the pearly lustre if viewed through the optic media. In the second place, we could not help associating the regular advance of the affection with the multiple sclerosis of the spinal cord. If the degeneration in the case referred to is due to a neurosis, and it seems unquestionable, may not the study of these several classes of cases serve to throw light on each other? The casting off of the slough would correspond to the tubes thrown off by the kidney.

The case is very interesting not only from its peculiar present condition, but also from the fact that if the process continues to progress as it has done, so much of the integument of the body will be replaced by cicatricial tissue that the normal functions of the skin will be greatly interfered with. We have no doubt that Dr. Nesbit will eventually furnish the profession with a history of the case.

The Indiana State Medical Society will meet in Indianapolis, Tuesday, June 10th. It is expected that the meeting will be unusually large, it is to be hoped that such will be the case as subjects of importance to the physicians of the State will come up for consideration. The Indiana Medical Journal calls attention to matters that should receive the earnest thought of the Society, and heed should be paid to the utterances of the Journal. In regard to Medical legislation, it says: a disagreement among the members of the regular profession as to the provisions which a law to regulate the practice of medicine should contain, has heretofore afforded the Legislature a good excuse for refusing to pass any law whatever. It is not believed, nor expected, that the Society can frame any medical bill, all of the provisions of which will meet the approval of every member, but it is insisted that if men will lay aside their prejudices and preconceived opinions, and discuss the matter purely from the standpoint of public and professional good, that a bill can be framed, the general features of which can be indorsed by all.

Indiana is flooded with quacks and abortionists, who have been driven from adjoining States; whether or not it shall continue to be one yast professional cess-pool, for the reception of all the professional filth and garbage of adjacent States, remains for the decision of the State Medical Society. Harmony and united effort of all the members can secure the passage of a medical law that will, in a great measure, suppress the hordes of mercenary and infamous quacks who are preying upon the health and the pockets of the people.

A Unilateral Exopthalmic Goitre was presented to the Société de Chirugie by M. Berger. On the right side there existed a fully developed tumor in one lobe of the thyroid body which was soon attended by a considerable exophthalmia on the same side, with loss of vision. The tumor in the neck began to develop rapidly, but there were no heart symptoms. The tumor was punctured, electricity applied, but its volume increased considerably, and the exophthalmia having attacked both eyes, increased to such an extent that they were dislocated and destroyed. From this time, hewever, the state of affairs improved, and the question arose as to the extirpation of the tumor of the neck. The author believed that this was not a true eophthalmic goitre, and that the exophthalmia was probably produced by an orbital tumor, which caused some hesitation in undertaking this operation. The case is interesting, as it clearly

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establishes a difference between true exophthalmic goitre and goitre with exophthalmia. In the former case the removal of the tumor often results favorably, whilst in the latter it cannot if there really exists an orbital tumor.

THE DISINFECTION OF PHTHISICAL SPUTA has been studied by Drs. Schill and Fischer (Dutsch Med. Wochenschrift). When the sputa dries and is ground into dust, it may be easily inspired, and thus reproduce the disease. A heat of 100° C. will destroy the organisms in one hour in dry sputum, and twenty-five minutes in the moist. The following chemical agents are employed: absolute alcohol, concentrated hypochlorous acid five per cent. carbolic acid solution, acetic acid, stronger water of ammonia. Alcohol must be used in the proportion of five to one of the sputa, and is, hence, too dear. The carbolic acid solution can be added in equal volume, being sure and cheap. The greatly lauded corrosive sublimate can only be employed with effect where there is only a very small quantity of sputum. Where large masses are concerned, it floats on the surface, and, failing to penetrate, remains inoperative for the greater part.

CHROMIDROSIS has lately been the subject of discussion at the French Academy of Medicine. M. Dechambre states the openly simulated cases of chromidrosis, which have been reported, have thrown suspicion upon all subsequent cases reported. He has had a genuine case under observation. A woman, who had just been confined, observed that a small silver chain she wore next to the skin had become brown. At this time also, spots of an azure blue, others greenish or yellowish of irregular shape and size, were seen on the neck, back and chest. The breasts which were covered with cotton batting were intact. Nothing on the face. In a little time the sides of the chest, the abdomen and the flanks were invaded. At the same time there was an abundance of sweat and they colored the linen very strongly. These spots disappeared upon washing the clothes. The coloring matter, submitted to several chemists, evoked different opinions; however, it seemed to closely resemble uroxanthine.. The trouble disappeared spontaneously. There was no neuropathy in this case as observed in several others.

ARRANGEMENTS FOR THE MEETING OF THE AMERICAN PUBLIC HEALTH ASSOCIATION, to be held in St. Louis next October, are being actively pressed forward by the local committee. A meeting was held, last Monday evening, at the Lindell Hotel and the following committees appointed: On Railroads, Hall, Entertainments, Invitations and Finance. It behooves the physicians of St. Louis to use their best efforts to make the coming meeting a success. The first step in that direction is to attend the meetings of the local committee, and assist in the work of organization. Notice of the next meeting will be given through the press, and it is to be hoped for the credit of St. Louis that there will be a large attendance of physicians and all others interested in sanitation.

CONTRIBUTIONS.

RHINITIS PRURITUS, OR ITCHING NASAL CATARRH (HAY FEVER, ROSE COLD, JUNE COLD, JULY COLD, AUTUMNAL CATARRH.)

BY THOS. F. RUMBOLD, M. D.

Read before the St. Louis Medical Society, May 3rd, 1884.

[CONTINUED.]

RHINITIS PRURITUS ONE OF THE SEQUENCES OF CHRONIC CATARRHAL INFLAMMATION OF THE NASAL CAVITIES.

Authors have had a suspicion for many years that the disease ("hay fever") might, in some way, be connected with common nasal catarrh; consequently, they all have given this part of the subject some attention, but for various reasons they have come to the conclusion that there is no evidence of such relationship.

It seems to me that their methods of carrying on their investigations concerning this matters, have not been thorough enough, and

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with some of the authors they have been quite defective.

They have asked sufferers, all of whom, with a very few exceptions, resided at a distance, questions, the design or tendency of which they could not fully understand, not being medically educated. In fact they have taken it for granted that these individuals knew the cause and course of their malady, and the questions have been so framed, that when filled out, they completed the histories of just such cases as the victims and authors had conceived them to be.

It always requires much greater medical acumen to make a diagnosis than it does to write a prescription for a known disease. Now, while no medical man has been known to ask an ailing individual to write his own prescription, yet these authors have, in this respect, asked their correspondents to take the more difficult part, namely the writing out of their own diagnosis, and from these papers, they have studied the complaint, and, what makes these narrations of still less value, they are, almost universally dated from a period *after* their first most characteristic attack, not even from their initiatory symptoms; these the sufferers would not recall unless assisted by interrogations conducted by one acquainted with the peculiarities of such cases. To say the least, this is a defective method, especially, when there exists a supposition that it might be secondary to another disease. Under these circumstances, why not make inquiry concerning their physical condition previous to the first attack of pruritus rhinitis (hay-fever). Without this, their investigations are illogical, as they have left their readers ignorant of the conditions of the system that might have made the attack possible, if the nasal inflammation preceded it or caused it.

I am fully aware that my views on this subject are not in accord with any of the authorities, and in taking this position it devolves upon me to prove that this phenomenal complaint is a sequence of a comparatively long standing inflammation of the mucous membrane of the nasal cavities. This I will do by giving accurate and detailed histories of the physical condition of those who have been my patients, which will show that the inflammation always precedes it. It is evident that this will go a far way to sustain my proposition; but to make it still stronger, and because some might say that the co-existence of long continued inflammation in the nasal cavities was a coincident and would not, of itself, necessarily prove that pruritus rhinitis was occasioned by it, I will give other evidences, that will demonstrate beyond the possibility of a doubt the relationship of the two complaints. This will be done by giving the histories of patients whose ameliorative treatment for chronic nasal inflammation, reduced the frequency and the severity of their attacks of this complaint, and of a few others whose treatment caused an entire cessation of the disorder.

In 1869, I made a statement before this Society, that a scrutinizing investigation of the patients' condition during that period previous to their first attack, would show that chronic nasal inflammation had rendered them liable to be afflicted with pruritus rhinitis. My numerous observations made since that date confirm me in this matter. In fact every individual, whether patient or acquaintance, that I have seen since 1862 who had suffered from attacks of it, had been for several years afflicted by chronic catarrhal inflammation of the nasal cavities.

I am not prepared, at present, to give my reasons for this neurotic form of rhinitis attacking the great majority of its victims in summer days and in certain regions of the country, while during cold weather, and in a few parts of the country they enjoy comparative exemption. These and others apparently unexplainable peculiarities may ultimately assist in the further elucidation of its etiology which at the present writing is considered to be unknown.

Upon the occurrence of an inflammation of the mucous membrane of the nasal passages, the blood vessels are not only filled to their utmost capacity, but they are greatly enlarged by reason of their excessive engorgement, being increased from ten to forty times their normal diameter, according to the severity of the irritation. If this inflammation is made continuous by repeated irritations for a number of years, the excessive amount of blood (nutrition) going to the parts causes its permanent thickening just as an inflamed and enlarged joint will be permanently enlarged if the inflammation is allowed to continue for a long time. In the case of the mucous membrane, this growth is denominated proliferative inflammation. It is during this stage of the inflammatory disease of the nasal passages that the patient may, from some cause, at present not known to the profession, become affected with pruritus rhinitis.

According to my observation, a most important characteristic of proliferative inflammation, and it is one that should be continually borne in mind, is, that the patient experiences not the least sensation of pain during its

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progress. Not until the caliber of the air spaces in the nostrils are so reduced in size, that respiration is thereby impeded, do they experience the least inconvenience, except, it may be, that they have slowly, imperceptibly lost the sense of smell from the same cause, or this abnormal process may stealthily invade the Eustachian tubes and middle ears, and slowly and imperceptibly rob its victim of his hearing; but if the loss of this sense did not intimate the presence of this inflammatory process, he would be entirely unconscious of it, so perfectly painless is its growth.

Another dangerous peculiarity of this variety of inflammation, is, that the victim rarely experiences the usual well known symptoms of "catching cold," or at least a very severe cold, yet the proliferative process, the abnormal change of the mucous membrane is continuous.

It is evident that with this state of things, it is impossible for Dr. Beard's or Dr. Wyman's correspondents to have the least idea that they were victims of this variety of inflammation, the very kind, the only kind, that could prepare their nasal mucous membrane for the development of neurotic symptoms. When these physicians did not observe this condition, is it to be expected that patients will make mention of it when it is perfectly sensationless?

STATEMENTS TAKEN FROM THE EARLY HISTORIES OF PATIENTS SUFFERING FROM PRURITUS RHINITIS, OR ITCHING NASAL CATARRH TO PROVE THAT IT IS A SEQUENCE OF CHRONIC CATARRHAL INFLAMMATION OF THE NASAL PASSAGES.

I will not attempt to give lengthy details of the early history of each patient, nor an exhaustive statement of the symptoms when he first visited me. Of the early history, I will give that much only that is required to prove that chronic inflammation of the nasal passages always precedes the attack of pruritus, rhinitis, or itching nasal catarrh, and will give the dates of treatment and the result. The plan of treatment will follow at another time.

Physicians will be surprised at the uniformity with which the majority of these patients state, at their first visit, that they have been in usual good health previous to this first attack of itching catarrh, and also at the shortness of their memory concerning their symptoms for even a few days or weeks past, but if assisted by various questions, somewhat leading in their character, they will be enabled to recall a sufficient number of incidents that make the history quite complete, which will be amplified by future conversations at subsequent visits during their treatment.

The first case that I will report was, in this respect, a very decided exception, as it was during my conversation with him that I was made certain that my views were correct concerning relationship of this complaint to chronic nasal catarrh.

CASE I. Mr. Luke R. Gibson, æt 43 years, a printer, visited me on June 19th, 1867, desiring relief from his attacks of sneezing and asthma. These sudden attacks commenced in July, 1865. The next commenced in July, 1866; on this occasion it occurred on a hot night about the middle of the month, immediately after he had left the printing office, between three and four o'clock in the morning. He thought the exposure to the night air was the cause of the attack.

He voluntarily said that he believed that his chronic catarrh, which he has had ever since he can remember, was "the cause of the sneezing spells."

EARLY HISTORY.

When a boy he had large crusts of secretion form in both nostrils. As he grew older, these disappeared, but with their disappearance he began to be affected with severe headaches, especially over his forehead. Both of his ears were diseased, and he has had an otorrhœal discharge since his boyhood.

His first attack of itching of his face and eyes commenced one hot morning in July, 1865, as he left the printing office. He noticed at the time that his usual catarrh had abated to a marked degree, and that as his sneezing grew less, which was about September, his catarrh recommenced. This has always been the case with these two complaints.

My attempt, at the time, to alleviate his sufferings, was productive of positive harm. He visited me again on Monday, June 24, at which time the above history was given me. At this time I took two aural polypi from his left ear.

Jan. 4th, 1868, he again visited me. His catarrh was very bad, and he had severe headaches. For this he was treated about three times a week until Feb. 3d, then two times each week until the 26th. After the treatment on this day, he had a slight attack of the itching of the face and eyes, but he did not sneeze. My treatment at this time was too irritating. I was applying by the spray producer a mixture of muriate of ammonia, tinctures of iodine and tincture of aconite root.

He at once went to St. Paul, where he re-

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sided until Sept., but was not entirely free of his tormentor.

May 31, 1869. Treated him two times a week, through June and up to July 23d; after this about once a week until Aug. 21st.

He had no attack up to this date, but sometimes experienced sensations of the beginning of the itching of the eyes and edges of the alæ of the nostrils.

He passed Aug. 1870, also, without a recurrence of his pruritus rhinitis, but lived most of the time in the country. I have not heard of him from that date.

Case II.—Dr. R. J. P., 50 years, Dentist of St. Louis, consulted me Dec. 19th, 1868, for severe frontal headache; for this I treated him until March 1st. During his visits he informed me that he was subject to what he and his physicians called "hay-catarrh." It usually attacked him in May. I recommended the continuation of the treatment as a preventive. To this he acceded. But as I was not succeessful in giving him a local treatment, without causing sneezing, he discontinued about the middle of May.

His usual attack commenced this year on May 30th, after taking a Turkish bath on Sunday morning. For relief, he immediately visited the mountains of Tennessee, returning to the city in the fall.

March 1st, 1870, I commenced to give him treatment for his catarrh, this was continued for a few weeks three times a week, then twice a week until the 14th of May, at which time he thought the itching catarrh would be on hand.

EARLY HISTORY.

At these visits I learned from him that he had been subject to sore throat, enlarged tonsils and severe headaches, as well as continual clearing of his throat in the mornings, since he was a boy. When his early history was first spoken of, he had forgotten all his early troubles about his throat and head, as these had not troubled him so much of late years, except on the occasion of his visits to me.

He started for Louisville, Ky., and arrived May 16th, 1870, and concluded to remain there a few days before going to Tennessee; but this visit was prolonged to the Fourth of July, at which time, as he had missed his "hay-catarrh," he concluded to return to St. Louis. On his way home, he was attacked on the cars. He continued on his journey home, remained quiet for a few days, and entirely recovered.

I gave him a few treatments in May, 1871. He remained in the city the whole of that year, entirely exempt from his "hay-catarrh." I have not heard from him since the fall of that year.

Case III.—Mr. J. Whaling, of Belleville, Ill., æt 37 years, consulted me May 29th, 1872.

EARLY HISTORY.

During the last ten years has been in much better health than before that time. When 14 or 15 years of age, he had the measles, which left him with a severe cough and diseased ears. For many years after this attack of measles, he suffered from dizziness; would not walk down stairs without taking hold of the hand-rail. Has had tinnitus aurium since his ears have been affected.

He now has what he calls "rose-cold," and has had it every spring during the last three years. At first the attacks were not severe, always commencing in May, sometimes the first part and sometimes in the latter part of the month. This time it attacked him after he had taken his supper on Saturday the 18th of May.

I treated him but two weeks with so little benefit, that he left me, since which time I have not heard of him.

Case IV.—Mr. W. K. G., of Memphis, Tenn., æt 33 years, consulted me Aug. 22d, 1873, for "hay-fever."

EARLY HISTORY.

Did not remember of being particularly liable to take cold after he was 21 years old. Up to that age lived a very exposed life. Did not remember when he did not smoke or chew tobacco. Nearly all his life had to clear his throat in the morning, and while endeavoring to do so would become sick at the stomach. If these efforts were made after he had his breakfast, he would throw up his meal.

Treated him but eight times, with little, maybe no benefit. Have not heard from him since.

Case V.—Mr. Robt. G. Kane, of Alton, Ill., æt 35 years, consulted me Sept. 6th, 1873 for "grass-fever."

EARLY HISTORY.

When a boy always had a running nose, and kept his mouth open. His mother tied a handkerchief over his head and under his chin, so as to make him break his "habit" of breathing with his mouth open. Could not leave it there because it smothered him. This condition of breathing lasted until he was almost a young man, at which time had his "palate" (?) (uvula) clipped off, because of a severe cough. He was at this date taken away from college, because of the cough, and was given cod-liver oil. At *no time* had headache, ear ache or sore throat, nor any kind of a pain, nor was he ever conscious of taking the least cold.

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This is the kind of case that both Dr. Beard and Dr. Wyman would say was not liable to "take cold" because the patient says that he has had no cold, therefore there would be no necessary relationship between his "grass-fever" and his very severe chronic nasal catarrh, the proof of the existence of which he had just given, yet he insists that he has never taken a cold in his life, proving that one may take cold, even very frequently, without being conscious of it, as he undoubtedly did.

As I required him to discontinue the use of tobacco, which he acknowledged was injuring him, he preferred to go to the Lake Superior regions, where he could carry on his excesses and still be free of his pruritus rhinitis.

CASE VI.—Mr. Francis B. A., Hannibal, Mo., æt 24 years, consulted me June 16th, 1874.

EARLY HISTORY.

Required the frequent use of his handkerchief when he was a boy. Was always very small for his age until he attained his 19th year, then grew up rapidly. Up to this age they considered him very liable to take consumption, for which he took cod-liver oil for nearly three years. To this remedy he attributed his sudden growth and subsequent good health. Had not been liable to very bad colds, but took slight colds every winter. This he knew because he experienced difficulty in singing. At the age of 22 years he acquired the habit of smoking tobacco. In a short time, may be six months, he observed that he breathed with difficulty through both nostrils, especially the left one, and slept with his mouth open, so that his throat was very dry and slightly sore every morning. At the same time he had severe coughing spells in the morning and in his effort to clear his throat would frequently end in throwing something off his stomach, As soon as this took place he considered his cough over for that morning.

The severe sneezing and the weeping of the eyes commenced last July (1873) while on the train. At that time, he would put a silk handkerchief over his nose, as he passed from one passenger car to the other; in this way he, in a measure, escaped the bad effect of the wind, the locomotive smoke and the dust. Sometimes on entering the car he would sneeze fifteen or twenty times before he could attend to his duties as a conductor. This condition of his case lasted until the first snow. In the early part of this month (June 18, 1874) he experienced the same sensation in an exaggerated form.

Treated him from the 15th to the 21st inclusive, once each day, the effect was all that could be desired. His relief was so marked that he thought that the complaint was going away. Being convinced of this, he started home Sunday night the 21st, but he returned on Thursday the 25th, feeling as bad as ever. As he had vexed me by going home so suddenly, and as the appearance of his eyes was far worse than when I first saw him, I, at that time, refused to take his case, but in the evening of that day I gave him another treatment, the effect of which was not at all encouraging. The fact was, I had made too great an effort to benefit him by the applications, and the result proved that he was too strongly treated, or, in other words, he was over treated.

I treated him Friday and Saturday, the effects of which were highly encouraging. I concluded to miss Sunday; this was found on Monday to be an error on my part, as the itching in his eyes returned to a slight degree. He was treated once each day during the next seven days. As he remained in good condition, I concluded to pass the next day, Monday; this was another error in treatment, but the itching was but slight, in fact, scarcely perceptible, but sufficient to determine me to treat him once each day for the next seven days, at which time one day's intermission was again tried and found to be sufficient.

He was treated every other day until Aug. 1st, at which time he went home entirely recovered.

He took spray producers with him and continued the applications at such time as he felt the necessity for them.

I learned that he passed the next three years without the least return of the pruritus rhinitis. Since that time I have not heard from him.

[TO BE CONTINUED.]

RETAINED PLACENTA.

BY J. J. COLES, M. D.

In the REVIEW of April 26th Dr. Hutchins reports a case of retention of the placenta resulting in the death of the patient. At the close of his paper he asks the profession for an opinion of the case, and asks: "What more ought I to have done?" To answer these questions fully, involves a more thorough discussion of the management of the third stage of labor than is possible in this paper. Parturition is unfinished until the expulsion from the uterus of the placenta, together with the membranes and all coagulæ. Anything remaining in the uterus after the birth of the

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child, though physiologically present before, is to be regarded as a foreign body and must be expelled. Ordinarily, the uterus is capable of terminating the labor unaided, but occasionally, at the end of the second stage, nature fails, and needs the reinforcement of the cool head and the steady hand of the brave and skillful accoucheur. The most frequent cause of this failure is atony, or inertia of the uterus, produced by a long and exhausting labor, or, as I believe, it may be due, often, to inherent weakness in the uterine muscular fiber. Another, but less frequent condition, contravening nature, is irregular contraction of the uterus. By irregular contraction I mean hour-glass contraction and, especially, contraction of the cervical fibers alone. This latter condition is frequently produced by the too early administration of ergot. It is the rule with many accoucheurs, and formerly was my rule, to give ergot immediately at the end of the second stage of labor. I am now fully persuaded, indeed my experience at the bed-side, proves to my mind, that ergot often induces contraction of the cervical fibers, thus closing up the uterus like a purse. I have often experienced great difficulty in extracting the placenta, in consequence of this form of contraction, even where there was no morbid adhesion. It has greatly retarded my efforts, also, where there was a partial detachment of the placenta and hemorrhage. Where morbid adhesion exists, the fundus and body of the uterus do not readily contract, and it is in such cases that the too early administration of ergot is most liable to do harm by this purse-like contraction of the cervix. My rule, now, is to give the ergot only at the close of the third stage. Another and a very serious hinderance to the expulsion of the placenta is morbid adhesion. A placenta, morbidly adherent to the walls of the uterus, will not be detached and thrown off within a reasonable time, and I regard it as little less than criminal to leave it, in utero, indefinitely. I have the profoundest respect for the wonderful resources of nature and I, always, conservatively defer to her laws in my obstetrical practice, but I do not, in any case, leave the placenta in the uterus and depend upon the slow and dangerous process of absorption for its removal. The doctrine of "non-interference," in such cases, is a very dangerous doctrine, and I, for one, do not long sit idle at the bed-side of my anxious and exhausted patient, waiting for the uterus to rally and expel the placenta. The danger attending the forcible extraction of a morbidly adherent placenta, even in cases of exhaustion, is much less than the danger attending any case left to the unaided resources of nature. Extreme exhaustion, where there is no hemorrhage, may justify delay for a time, but not indefinite postponement. I emphatically affirm that circumstances never occur which justify a physician in allowing the afterbirth to remain in the uterus to be removed by absorption. It is subjecting the patient to the two greatest horrors of the lying-in room—hemorrhage and septicæmia. If the patient escapes both of these immediate dangers, and the placenta is ultimately removed by the unaided efforts of nature, the convalescence must necessarily be tardy and often very imperfect. Subinvolution, metritis and displacements are to be expected to follow in all such cases. The old proverb, "meddlesome midwifery is dangerous" has the smack of conservatism and caution in it, and sounds well from the rostrum, but in the bloody and eventful field of action platitudes are of no avail, and should not, for a moment, intimidate the accoucheur in the discharge of his important and imperative duties. The retention of the placenta is an accident. It is nature's decree that it should not remain, but she is contravened in her efforts to expel a dangerous and infectious foreign body from her domain and must, therefore, be supplemented by the timely aid of science. My method of conducting the third stage of labor is briefly this. I ligate and sever the umbilical cord as soon as respiration is fully established in the child. In the meantime, I employ gentle friction with the left hand over the uterus, to stimulate it to moderately contract upon and grasp the placenta. This I do as preliminary to the manipulation which is soon to follow. Having properly disposed of the babe, I now examine the patient to see if there be hemorrhage, making it immediately necessary to remove the placenta. If there be no hemorrhage, I quietly wait from ten to fifteen minutes, usually not longer than ten minutes, for the recuperation of uterine energy and the coagulation of the blood in the uterine sinuses. The formation of these coagulæ in the sinuses, I regard as a very important matter just at this stage of the labor. There is a two-fold advantage accruing from these coagulæ. First, by their presence, they stimulate to contraction that part of the uterine wall to which the placenta is attached, and thereby facilitate its expulsion. Secondly, they exert to quite a considerable extent, a hæmostatic influence, thus tending to prevent post-partum hemorrhage. After waiting my usual time, I seize the cord with one hand and make firm and persistent traction, while with the other hand I support and compress the uterus. I keep the cord quite tense, indeed,

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until I secure contraction sufficient to detach the placenta; unless the uterus should suddenly relax and become quite flaccid. In that event I diminish my traction more or less, recognizing the fact that inversion of the uterus is possible under such conditions; however, I do not believe there is as much danger of this accident occurring as we are taught by some authorities. By the method above detailed, I rarely fail to secure the expulsion of the placenta within five minutes after beginning my manipulations. If I fail, owing to the existence of either morbid adhesion or irregular contraction, or both, I introduce my hand at once and terminate the labor. A word in regard to Dr. Hutchins' treatment of abortion. He says he universally leaves the secundines in utero in all cases of abortion and "has seen no trouble result from it." Well, I must say, the fickle goddess has been wondrous kind to him! Such has not been my good fortune, for, leaving only a small portion of the placenta in the uterus has rendered more than one case vexatiously interesting to me. Yea, more than once have I laid an uneasy head upon my pillow from this cause, and more than once have I "seen trouble result from it." Verily, verily, the teaching upon this subject does need "reviewing" if Dr. Hutchins' theory of "non-interference" is taught and practiced.

INDIANAPOLIS, IND., May 16th, 1884.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

Stated Meeting, April 26th, 1884, DR. DUDLEY, President, in the chair.

INJURIES OF THE BRAIN.

DR. MEISENBACH.—A case has been going the rounds of the secular press and the medical journals which is one of the most extraordinary on record, more so, perhaps than the almost fabulous "crow-bar" case. An iron ramrod was driven through the brain of a soldier. He was a member of a company of sharpshooters; the men were marching in line—it was in a town of Hanover—when suddenly the order was given to halt; they were in the act of loading their carbines, and stopped suddenly, stamping their carbines on the ground. One of the carbines discharged, and a ramrod hit a man in front of the owner of the carbine at a point a little to the right of the second dorsal vertebra, passing obliquely upward through the base of the skull and coming out at a point a little to the right of the sagittal suture in the parietal bone. The surgeon of the village was immediately sent for, but in the meantime some of his companions attempted to get the ramrod out; even pulling the man about some five or six yards in attempting to do so. The surgeon came, and attempted to pull it out but could not; they then laid him upon a litter and transported him nine or ten miles to the hospital.

Dr. Fisher, of the hospital at Hanover, took him in charge. All this time the man had not lost consciousness—he was perfectly conscious of what was being done to him. Dr. Fisher enlarged the wound in the scalp, as the ramrod was firmly wedged in—as firmly as if driven in with a sledge hammer, one end sticking out 6 or 8 inches but imbedded in the soft tissues in the neck at the base of the skull. The doctor enlarged the scalp wound and with a chisel drilled out the superior table of the skull around the rod and with a mallet drove the ramrod back and pulled it out. This was all done under antiseptic precautions. There was not much hemorrhage at any time and the reaction which followed the violence of the injury was very slight; no suppuration or inflammation taking place, and no fever. In 68 days from the time he was admitted to the hospital he was discharged, cured. The only permanent difficulty that he seems to have experienced was the loss of the right eye, the ramrod having probably severed the optic nerve on that side. One extremity passed entirely through the skull, and the curious part of the history is that the man was afterward able to carouse and dance at night without any bad symptoms being occasioned by such indulgences. I have photographs here illustrating the point of injury. The ramrod entered at the base of the neck; it entered a little to the right of the vertebral column near the optic tract, on the right side, and came out on the left, passing entirely through.

Dr. Williams.—In connection with the case that the doctor has reported I wish to refer to a case I mentioned here some time ago, similar to the one referred to by Dr. Meisenbach. This case occurred at the penitentiary in Kansas; an inmate determined to destroy himself, took a common awl used in making shoes, and bored a hole into the side of his head, just above the ear. Through this hole he passed broom wires, used in making brooms, into the brain. One of these wires was six inches long; he passed it until it came against the opposite side of the skull. Some of these wires were noticed by the surgeon

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and pulled out. There was no mental trouble of any kind; neither had he any considerable trouble with the head. After his time expired he was taciturn and depressed, and purposely or accidentally took too much opium and died of opium poisoning. Upon post-mortem it was found there had been very serious injury to the brain substance, the wires having passed entirely through the central part of the brain without causing any mental or physical disturbance.

* * *

Myxo-Sarcoma of the Liver in an Infant of Four Months.

Dr. Meisenbach.—I have a pathological specimen, some photographs and a microscopical section of a tumor, taken from a four months old child.

The mother states that on the birth of the child she noticed nothing unusual about it; she had a hard time during labor. Some weeks after birth she noticed a swollen condition of the abdomen, which she attributed to having bandaged too tightly; the navel protruded teat-like. The mother of the child is a large framed, pale looking woman between thirty-five and forty years of age, and during infancy and youth was sickly, though now she enjoys average health. There is no history of any specific disease. The father is weakly, had suffered with malaria so called, since spring. This portion of the history was written in October last. He was then suffering with so-called malaria, but the last week he was buried, having died of tuberculosis. And right here I would refer to the fact that Dr. Bremer in his paper on the Etiology of Phthisis, very forcibly called attention to the fact that a great many cases of so called malaria are nothing more nor less than cases of phthisis in the incipient stages. This man would impress one as being probably of a scrofulous dyscrasia.

I was called to see the child on September 21, 1883, he was then eleven weeks old, very fair, with blue eyes. The mother said it was very restless and cried a great deal, especially at night; had a short hacking cough at intervals; vomited milk, but nursed pretty well; but did not thrive on its food. Examined lungs and found the normal murmur. Temperature also normal. Abdomen excessively and symmetrically enlarged; the abdominal veins congested, navel protruding; percussion gave complete dullness extending from xiphoid cartilage downwards into the hypogastric regions; and latterly, posteriorly, into the lumbar and iliac regions. There was resonance in the hypogastric region over a surface about an inch square. Palpation detected a firm, smooth resisting mass, filling the entire abdominal cavity, with the exception of a small space in the hypogastric region, where, on deep pressure, the free margin of a firm body could be felt.

A disciple of infiinitesimal doses had told the mother that the swelling of the baby's abdomen was caused by "wind on the stomach." How it is possible to make such a diagnosis in as plain a case of abdominal tumor as this, is a mystery to me, but "wind on the stomach" and "water on the brain" are valuable adjuvants to a great deal of ignorance.

The conclusion I arrived at was, that this was a case of congenital enlargement of the liver, due possibly, to amyloid degeneration, transmitted from father or mother, who (although no conclusive history was present) are subject to syphilitic or tubercular diathesis.

The microscopial examination demonstrated that this theory was not correct, for instead of being amyloid degeneration, it proves to be a myxo-sarcoma. Dr. Bremer made the miscropical section, and I have it here under the microscope for inspection.

I told the mother my opinion, and gave her to understand the baby was doomed to die; that it was only a question of time. I instituted expectant and specific tretment, based upon the possibility of specific origin of the trouble. I gave one twelfth of a grain of calomel morning and night. To the mother about ten grains Potass. Iodid. I thoughth that possibly this treatment might have some effect upon the glandular enlargement. I believe that the remedies did have some effect, for after four weeks of treatment (one week before death), on a careful examination of the abdomen I found that the liver had contracted, as it were,the area of dullness was diminshed; posteriorly, in the lumbar region it was possible to feel the margin of the gland, which previously had been impossible. The resonance in the hypogastric region was of larger area. The child was right lively taking the breast, but, nevertheless, nutrition was imperfect. On the 16 th of October the child died.

Post Mortem. Female. Age 16 weeks, complexion very fair. Eyes blue; body emaciated. Abdomen greatly enlarged and 17 inches in circumference; length of child 24 inches. Navel protruding, but flabby. Pudendum echymosed; petechia over various portions of body. Opened abdominal cavity in median line. Small quantity of fluid in abdominal cavity. Peritoneum slightly reddened. Liver enlarged, filling entire abdominal cavity, bulging up under the xiphoid cartilage, with

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inferior margin in hypogastric region. Liver presented smooth, symmetrical enlargement, color mottled, like red castile soap. Spleen normal in size but mottled; kidneys, also, presenting mottled appearance. Stomach somewhat displaced to left; vertical in position, filled with mucus. Lungs, mottled in appearance. Pericardium filled with fluid; heart pale and flabby. Did not open cranial cavity.

Abdominal tumors, especially of the liver, in children, according to West, Henoch, and other prominent writers on diseases of children,are due most frequently to amyloid degeneration depending on an inherited dyscrasia, such as tubercular or syphilitic, or to local disturbances such as spondylitis, coxitis and other carious affections of the bones. It is mentioned by the above quoted authorities that other forms of tumors occur more rarely. West reports a case of sarcoma at eight months and Henoch a case of sarcoma at 2 1-2 years. There arises the query: Was the tumor in this case congenital, or did it arise and grow after birth? I am fully convinced of the correctness of the theory of heredity and transmission of disease; not alone of the disease, *per se*, but also of a morbid predisposition. By morbid predisposition is understood a certain debility of an organ or tissue, due primarily to some disease or debility inherited in the parents or inherited by them. And it is only necessary to have the action of some external cause to develop actual diseases, which may be entirely different in their manifestations to those in the parent. I believe that in this case the predisposition to the particular morbid changes in the tissues was inherited, and was in all probability present at birth, though not observed, and it may not have been discernible. At the birth of children, defects are overlooked very often, on account of the hurry and carelessness of attendants, and not noticed until accidentally discovered later, and attention called to them.

I have here two views of the patient taken post mortem; one shows the side view of the full length figure, and the other presents a view of the abdominal cavity, showing the liver in situ.

Dr. Bremer.—I had the opportunity of examining the tumor presented by Dr. Meisenbach and I found it to be a sarcoma myxomatodes. This kind of sarcoma is not the most malignant of its class. It represent a higher type than is generally accredited with malignancy. The more embryonic in character sarcomatæ are, the more malignant they will be in their course. Where there is no tendency to organization–that is to say where round cells are formed without ground substance, there we have the most maglinant type of the sarcoma; the next in malignance is the large round cell and spindle cell sarcoma; next to that comes the myxo-sarcoma. The least malignant of all is that form which approaches nearest to true connective tissue. Here we have the boundary line between the innocent, benign connective tissue tumor and the sarcoma.

In regard to the question of heredity, I would call attention to the theory of Cohnheim. He says that all tumors are congenital. He maintains that a tumor that makes its appearance in post-embryonic life has nevertheless sprung from germs that were deposited during fetal life, and that this is done, simply, by the displacement of certain cells belonging to one of the three germinal layers into another layer. This tumor made its appearance about two weeks after birth, this would speak in favor of its heredity, and the probabilities are that it existed at the time of birth, and only escaped observation for the first fourteen days.

In regard to the microscopic appearance, the doctor is right in saying that the majority of tumors of the liver of infants are amyloid; this amyloid character is produced either by phthisis, syphilis, or by excessive suppuration. The size of the tumor spoke in favor of its amyloid infiltration; but upon examination it proved to be entirely devoid of amyloid matter. There was also a supicion of syphilis, but in syphilis the liver is lobulated; syphilitic infiltration has a peculiar tendency to the formation of complete connective tissue – to the formation of cicatrices in consequence of the destruction of the parenchyma of the liver. Another supposition might arise,that there was phithisis present; tuberculosis had to be excluded,although in the lungs there werefound large caseous masses. This only proves the well known fact that caseation is not entirely due to the formation of tubercles or tubercular inflammation, but may occur in a variety of other conditions.

The average weight of a thousand children at birth—born in the Philadelphia hospital—is 7 lbs. 4.891 ounces. Five hundred were boys and five hundred girls. The average of the boys is 7 lbs, 7.956 ounces, and the girls 7 lbs., 1.726 ounces. Practically 7.5 for boys, and 7 lbs for girls.

Reflex Blindness.—Dr. Presly Smith reports a case of blindness associated with ovarian irritation. The vision of the left eye had been lost during loss of consciousness, associated with some ovarian or uterine disturbance. On similar conditions developing in the right eye, the ovaries were removed, and the vision of the right eye restored.

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ILLINOIS STATE MEDICAL SOCIETY.

On Tuesday, May 20, the Illinois State Medical Society began its thirty-fourth annual meeting in the Methodist Church Block, Chicago, Dr. E. Andrews, the president, having called the meeting to order, the address of welcome was delivered on behalf of the committee of arrangements by Dr. E. Ingals. The address was responded to by Dr. S. H. Crawford, of Monmouth, Ill.

The president's address was for the most part confined to the question of the code of ethics. He did not advocate any direct modification of the letter of the law: but referred to the general impression which exists abroad that the medical profession had adopted a very artificial and complicated system of etiquette among themselves which nobody but themselves can understand. They deprecated a practice which while it pretended to adhere to the letter of the law, manifestly violated its spirit and sustained the idea that gentlemanly conduct was the only principle that would cover the whole ground surveyed by the code.

Dr. J. S. Frye, of Peoria, presented a report on the Practice of Medicine, consisting mainly of a discussion of the Germ Theory of Disease.

In the afternoon session, Dr. Prince, of Jacksonville, read a report, and presented a case, of an operation on the palate.

Dr. Roswell Park read a Report of Surgery, reviewing the various innovations which had been presented to the profession during the past year, as well as noticing the important literature.

Dr. D. S. Booth, of Sparta, read a report of certain gunshot wounds, associated with sponge grafting.

Dr. H. Gradle, of Chicago, read a supplemental paper on the Practice of Medicine; confining his attention to the ætiology of disease.

Dr. J. H. Robinson, of Chicago, read a paper on Alkaloidal and Kindred Medication.

WEDNESDAY, MAY 21.

Dr. E. Ingals read a report on necrology, recording two deaths.

Dr. C. Fenger read a paper on Excision of the Hip and Knee Joints: and exhibited the cases.

Dr. M. F. Bassett read a paper on vaccination, claiming that humanized virus was preferable to bovine virus.

Considerable discussion followed this paper relative to the merits of bovine and humanized virus. Those who took part were Drs. E. Ingals, Chicago; A. B. Strong, Chicago; Cochran, of Greenfield; H. O. Johnson, Chicago; J. Wheeler Jones, Danville. Barrett S. J. Jones and the president, Dr. Andrews.

The afternoon session was opened with a paper by Dr. J. H. Johnson on Bilateral Paralysis of the Vocal Cords; exhibiting a patient on whom had been performed tracheotomy on that account. This was followed by a case from Dr. E. F. Ingals and another from Dr. D. W. Graham. Dr. Graham's case was interesting from its necessity having been caused by the presence of a small goitre.

Dr. J. P. Matthews, of Carlinville, reported on the Diseases of Children, and Dr. J. F. Todd read a report, Relative to the Work of Collective Investigation. Dr. A. Wetmore, of Waterloo, read a paper on Physiology; and Dr. F. C. Schaefer gave a report of a case of Fracture of the Greater Tuberosity of the Humrus extending into the bicipital groove.

In the evening a banquet was given to the members at the Grand Pacific Hotel. The success of the banquet was such that it could not well have been greater. The Press, by Mr. Eugene Field; the Church, by the Rev. E. C. Ray and The Law, by Gen. J. N. Stiles were represented with unusual brilliancy; and the president, Dr. C. G. Smith did his part with tact and judgment.

THURSDAY, MAY 22.

Dr. D. S. Booth, vice-president, in the chair. The committee reported on legal legislation and was continued for the purpose of presenting some matters before the legislature at its next session. Dr. A. B. Strong called attention to the deficiency of the working of the anatomical law in this State, and asked every physician in the State to assist in establishing a better law to carry out the necessary medical education. This subject was discussed at length by several interested in the subject of a more satisfactory preparation for the practice of medicine.

The following report of place of meeting, and officers, etc., for the ensuing year was adopted:

Place of meeting: Springfield.

OFFICIALS.

President, Dr. David S. Booth, of Sparta; first vice-president, Dr. S. C. Plummer, Rock Island; second vice-president, Dr. W. T. Kirk, Atlanta; treasurer, Dr. Walter Hay, Chicago; secretary, Dr. S. J. Jones, Chicago; assistant secretary, Dr. H. B. Buck, Springfield. Members of Judicial Council, Dr. S. K. Crawford, Monmouth; Dr. George Wheeler Jones, Danville; Dr. John Wright, Clinton. Committee of Arrangements, Drs. B. M. Griffiths, Matthews, Rauch, Whitney, and Buce, all of Springfield.

STANDING COMMITTEES.

On Practice: Dr. Norman Bridge, Chicago; Dr. C. H. Norred, Lincoln; Dr. J. R. Livingood, Rossville.

Surgery: Dr. W. A. Byrd, Quincy; Dr. D. A. K. Steele, Chicago; Dr. Cass Chenowith, Decatur.

Obstetrics: Dr. C. W. Earle, Chicago; Dr. T. D. Washburn, Hillsboro; Dr. Anna S. Adams, Peoria.

Gynecology: Dr. David Prince, Jacksonville; Dr. Sarah Hackett Stephenson, Chicago; Dr. O. B. Will, Peoria.

Materia Medica and Therapeutics: Dr. Thomas McIlvaine, Peoria; Dr. J. F. Todd, Chicago; Dr. Catherine Miller, Lincoln.

Opthalmology and Otology: Dr. W. T. Montgomery, Chicago; Dr. C. R. Park, Bloomington; Dr. Robert Tilley, Chicago.

Necrology: Dr. E. Ingalls, Chicago; Dr. William Hill, Bloomington; W. S. Bassett, Quincy.

SPECIAL COMMITTEES.

Laryngology: Dr. E. F. Ingals, Chicago.
Oral Surgery: Dr. J. S. Marshall, Chicago.
Pediatrics: Mrs. Dr. A. F. Rooney, Quincy.
Dermatology: Dr. W. J. Maynard, Chicago.
Orthopedic Surgery: Dr. C. E. Webster. Chicago.
Tetanus: Dr. C. Truesdale, Rock Island.
Insanity: Dr. R. J. Patterson, Batavia.
Alcohol as a Therapeutic Agent: Dr. M. S. Bassett, Quincy.

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Effects of Malaria in Puerperal Cases: Dr. H. Judd, Galesburg.

Physiology: Dr. A. Wetmore. Chicago.

Treatment of Epilepsy: Dr. D. R. Brower, Chicago.

Analysis of a certain class of remedies concerning which physicians are not positive as to their therapeutic value, Dr. W. L. Ransom, Rockford.

Biographical Committee: Dr. J. Hollister, chairman.

On the influence of appreciable metereological and topographicalconditions on the prevalence of acute diseases: Dr. N. S. Davis,Dr. J. H. Hollister, Dr. B. M. Griffth,Springfield; Dr. Walter Hay, Chicago; Dr. A. B. Strong, Chicago; Dr. J. L. White, Bloomington; Dr. F. B. Holler, Vandalia: Dr. W. A. Haskell, Alton; Dr. E. P. Cook, Mendota, and the committee of last year is to be continued.

The committee on malignant growths, with Dr. C. Fenger as chairman, was continued another year.

Dr. Ransom, of Rockford, read a paper on Therapeutical Remedies, etc. Dr. Crawford, of Monmouth, gave a report on obstetrics.

Dr. R. H. Babcock reported a case of dextrocardia, not congenital, but of an obscure origin. The patient was exhibited.

The afternoon session was opened by a report, continuation of the report on obstetrics, by Dr. E. Ingersoll, of Canton; followed by the Report on Ophthalmology and Otology, by Dr. R. Tilley, Chicago.

The Treasurer's Report showed a balance on hand of $1,141.

The following volunteer papers were then read: Books that Injure Children's Sight, by Dr. F. C. Hotz, Chicago; Dr. C. E. Webster read a paper on Potts' Disease; Dr. C. W. Earle on Pancreatic Anema; Dr. R. Tilley exhibited a new ether inhaler: Mastoid Abscess, by Dr. E. L. Holmes; Dr. H. Gradle on Purulent Inflammation of the middle ear.

Delegates were appointed to the American Medical Association.

A resolution was then adopted authorizing a prize of $100 for the best original treatise on the treatment of diphtheria, and $100,for the best tabulated statement of any ten cures coming under the tabulator the prize to be adjudicated by a committe of three. Resolutions of thanks to the press and physicians of Chicago, were offered by Dr. M. F. Bassett, of Quincy. The meeting adjourned.

TWENTY-SEVENTH ANNUAL MEETING OF THE MISSOURI STATE MEDICAL ASSOCIATION, MAY 20.

President Dr. E. H. Gregory called the association to order. Prayer was offered by Rev. C. A. Foster. Hon. Geo. F. Longan, delivered an address of welcome in behalf of the city, and Dr. J. W. Trader, president of the Pettis County Medical Society, in behalf of the local physicians, welcomed the association. An appropriate response was made by President Gregory.

The committee on credentials made a partial report showing an enrollment of seventy-six members up to that time.

Dr. L. J. Matthews offered a resolution restricting the time for reading reports of standing committees to thirty minutes, and voluntary papers to twenty minutes. Dr. Thompson offered an amendment, which was adopted, that a synopsis be read and the paper referred to the publication committee.

A letter of regret from Dr. Hurt of St. Louis, explaining his absence, was read. The question, who shall be delegates to the association, was raised, and a resolution by Dr. Lutz, of St. Louis, amending the by-laws,so as to keep out non members of local or district societies, called out considerable discussion.

Dr. Allen of Liberty spoke in favor of Dr. Lutz' resolution, saying, he regarded the resolution as encouraging local societies. Requiring members of the State association to be members of local or district societies, he thought, would tend toward making them enroll in their districts.

A motion to have the matter laid over in charge of a committee of three for one year was lost. A motion to refer to a special committee, to report at three o'clock, prevailed. Drs. Teft, Hanna and Trader were appointed on the committee.

AFTERNOON SESSION.

Dr. Ohmann-Dumesnil read a paper, reporting a case of "Universal Eczema," which was discussed by the members.

Dr. G. M. Dewey of Keytesville read a paper on "Causes and Cure of Quackery," which was discussed by numerous members of the society.

A resolution indorsing the course of the State Board of Health was offered by Dr. G. Y. La Brurne, of St. Louis. The resolution called forth considerable discussion, some approving of the law as now enforced by the Board and others dissenting.

Dr. Allen of Liberty said there had been an effort by the State Legislature to establish a State Board of Health, and that a law had been passed looking toward the suppression of quackery, and, notwithstanding this, there were disreputable practitioners all over the State, who practiced side by side with honest and qualified physicians. He was in favor of amending the present law as enforced by the State Board of Health so as to make it more effective. The resolution was, on motion, tabled.

Dr. W. C. Glasgow reported a case of remarkably slow pulse, which was discussed by the society.

A resolution forwarded by Dr. Hurt of St. Louis, to amend the by-laws, then came up for consideration. Dr. J. E. Teft, on the committee of by-laws, offered a substitute to Dr. Hurt's amendment, as follows:

Honorary members shall consist of all those who have served as presidents of this association with such distinguished members of the profession, not residents of this State, who shall be elected by three-fourths of the members present at a regular meeting of the association.

II.—All members in good standing of regular medical societies in the State who shall be accredited by proper officers of said societies. The dues to be paid by all in attendance (other than honorary members) shall be $3.00; and such members shall be entitled to a copy of the transactions. Any physician in the State not a member, who shall remit $1.00 to the treasurer, on or before the annual meeting, shall be entitled to a copy of the transactions. Adopted.

EVENING SESSION.

Dr. Teft read a committee report on "Medical Education." Dr. Potter read a paper on the "Relations Between Drinking, Insanity and Crime.

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Dr. Hart of Brownsville, read a paper on the same subject; these papers were warmly discussed by the association.

SECOND DAY.

The second day showed a decided increase in attendance.

Dr. A. W. McAlister of Columbia offered the following resolutions, which were, after the defeat of a motion to table, passed:

Resolved, That we recognize the inefficiency of the present law regulating the practice of medicine, and the inability of the Board of Health to accomplish the great good that was intended by this body when it recommended adoption by the Legislature.

2d. That this society appoint a committee of at least five to visit our next Legislature and urge that honorable body to remedy at least the most glaring defects of the present law.

3d. That this committee go uninstructed.

4th. That each member pledge himself to carry out the objects of the above resolutions.

A number of letters and communications from members who were unable to attend the meetings, were read.

The President then delivered his annual address.

On motion of Dr. Dickinson, the greetings of the association were tendered to the State Medical associations of Illinois, Iowa and Kansas, now in session, and the Secretary was instructed to transmit the same.

Dr. Catlett of St. Joseph, read a paper on "The Relation of Insanity to the Practitioner." Dr. C. A. Todd of St. Louis, read a paper on "Deafness following Mumps." Dr. A. J. Steele of St. Louis exhibited appliances for the treatment of hip-joint diseases. The report of the Treasurer was received and adopted.

Dr. Geo. J. Engelmann made an appeal for contributions to the Sims' memorial fund. Springfield, St. Joseph, St. Louis and Chillicothe were placed in nomination for the next place of meeting, and St. Joseph was selected.

Dr. W. A. Hardaway read a paper on "Four Cases of Diffused Sarcoma-cutis." Resolutions on the death of Prof. Gross were read and adopted. Dr. P. V. Schenck of St. Louis, read a paper on "Periodic Pain Caused by Diseases of the Womb, or its Appendages, not Relieved by Anti-periodics."

STATE BOARD OF HEALTH.

Dr. Gore moved that those members of the State Board of Health present be requested to make a statement of the work of the Board since its creation. The members of the Board present, were, Drs. Gregory, Hearne and Hereford. The latter came forward and said the Board was not ashamed of its work; in fact, it was proud of its conduct under one of the meanest laws ever passed by the Legislature. Two thousand seven hundred and ninety persons had been licensed by the Board to practice medicine in this State. Under the law we are bound to license persons who are of good standing, and comply with the letter of the law. We license many who should not be licensed, but we can't help it. When charges of misconduct, or of obtaining license under false pretenses, are made by the President or Secretary of the local society, the Board has the power to revoke such licenses.

We have the power to quarantine against the transportation of small pox patients by the railroads, and have exercised that power in some cases. The powers of the Board are now being tested in the courts of the State, and their decisions will guide our course in the future. We are going to do the work assigned us while we are in office, and request your support.

Dr. Gregory then spoke in substance as follows: I am not a law maker, and sometimes think we could get along as well without as with them. Just when the Illinois law was passed, such men of that State as thought their chances of securing a license there were very slim, picked up their traps and came to this State. We are now trying to rid our State of this class of men, and need the help and co-operation of the legitimate physicians of this State. When the discussion was had yesterday I felt so bad that I would have willingly withdrawn from the Board. I beg of you, now that I am there, to help us out in the work we have undertaken, and think much real good may be done in placing our State beyond the pale of these quacks. I am assured that the Board mean to do right in this matter—to the best of their ability.

Dr. Britts then gave a short history of the law creating the Board. He was a member of the Legislature when the bill was passed, and spoke as one knowing the true inwardness of it. He said that when the bill was before the committee he and his colleague had fully made up their minds to vote against it, but were importuned by the committee from this association to vote for it in order to get a law that could be amended on the Statute Books.

Dr. Hearne, the Secretary of the Board, gave a detailed statement of the condition of his office. A large amount of the abuse heaped upon the head of the Secretary was due to other causes, and he was not in the least to blame for the delay in getting certificates, and loss of diplomas by the express companies and mail service.

Dr. J. M. Pelot of Brownsville, read a paper on "Variations from Types in Diseases." In the evening an elegant banquet was given to the association. Numerous toasts were responded to, and the occasion was a happy one in all respects.

THIRD DAY.

Dr. J. C. Mulhall of St. Louis, read a paper on "Thermo-Cautery in Naso-Phayrengal Diseases." After which followed the

ELECTION OF OFFICERS

for the ensuing year, with the following result:

Dr. J. W. Middlekamp of Warrenton, President.

Vice-Presidents—First, Dr. E. F. Prewitt, of St. Louis.

Second—Dr. W. E. Evans, of Brownsville.

Third—Dr. B. G. Dysart, of Paris.

Fourth—Dr. H. M. Lane, of Smithville.

Fifth—Dr. S. C. Griswold, of New Haven.

Dr. Lutz of St. Louis, Corresponding Secretary.

J. H. Thompson, Jr., of Kansas City, first Recording Secretary, and N. M. Baskett of Moberly, Assistant Recording Secretary.

Dr. C. A. Thompson of Jefferson City, re-elected Treasurer. Adjourned.

Among the new journals which have lately appeared are: The Bristol Medico-Chirurgical Journal, Giornale di Neuro-patologia, of Naples, La España Medica, of Madrid, and Commentario Clinico delle Malattie degli Organi Genito-urinari, published at Pisa.

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THIRTY-SECOND ANNUAL SESSION OF THE IOWA STATE MEDICAL SOCIETY.

FIRST DAY.

The Iowa State Medical Association met in annual session at Des Moines, Wednesday, May 21. The president, Dr. Robinson, called the meeting to order; Rev. Geo. C. Henry opened the session with prayer. The committee on arrangements reported; the minutes of last session were read and adopted.

Dr. R. McNutt, of Des Moines, moved the appointment of a committee of one member from each congressional district for the collection of statistics of all diseases which have occurred in the State during the year, together with a sketch of the topography and flora of the districts where they occurred. Dr. Harvey moved the appointment of a special committee of three to whom this and all other subjects touching the constitution and by-laws shall be referred. The chair appointed on the committee Doctors Hobby, Hill and Field.

The president, Dr. Robinson, delivered his annual address, which was attentively listened to by the members, and frequently applauded. It was an eloquent effort, and highly commended by all present. Dr. S. B. Chase presented an able paper on "Pulmonary Apoplexy," with a report of case. The secretary then read the following telegram:

"SEDALIA, MO., May 21.—Missouri State Medical Society to Iowa State Medical Society—Gentlemen:—Yoke-fellows in a common field and a common cause. Signed by Secretary."

The Secretary sent the following answer:

To Secretary of Missouri State Medical Association, Sedalia, Mo.:—The Iowa State Medical Association is happy to return fraternal greetings. We shall be most happy to exchange delegates with your society hereafter."

Dr. G. E. Crawford, of Cedar Rapids on, "Acute Catarrhal Pneumonia—A Primary Disease." Dr. J. H. Green, of Dubuque, read a paper on "Contusion of the Brain from contra-coup—A Contribution to Cerebral Localization." Dr. M. D. Middleton presented a paper on "Glucose." Dr. D. W. Smouse, read a paper on "Locomotor Ataxia," presenting a case to the association. The following dispatch was received and read:

BATON ROUGE, La., May 20.—Dr. S. E. Robinson, President Iowa Medical Association: The Louisiana State Medical Society, in session at Baton Rouge, sends fraternal greeting and best wishes for the success and prosperity of your Society. J. P. DAVIDSON, M. D., President.

The following reply was sent:

DES MOINES, May 20.—J. P. Davidson, M. D., President Louisiana State Medical Association, Baton Rouge, Louisiana: The Iowa State Medical Society reciprocates your kind greeting, and we trust our fraternal relations may become more firmly united. S E. ROBINSON, M. D., President.

EVENING SESSION:

Dr. Leighton, of Ottumwa, explained a recently invented microscope. Dr. R. J. Farquharson presented a report on "Hygiene and Sanitary Science." A paper giving the history of the Davenport Board of Health, was read by Dr. A. W. Cantwell. Dr. McNutt, of DesMoines, read a paper on "Ethnic Force," which was discussed at length and returned to the author, as not being a medical paper.

SECOND DAY.

Society called to order by the president. Dr. Von Mansfelde, permanent secretary of the Nebraska State Medical Society, was introduced and addressed the Association briefly. Dr. Carter, a delegate from that Society, introduced a resolution providing for a permanent interchange of delegates between the State Conventions. The resolution was referred to a special committee.

The committee on finance reported, showing a balance on hand of $1.385. Dr. E. S. Robertson spoke on "School Hygiene," and the members discussed the subject, a committee was appointed to present to the State Board of Health a series of resolutions in regard to school hygiene. Dr. Thrall, of Ottumwa, presented a paper on "Boards of Health and Contagious Diseases," which aroused a heated debate.

AFTERNOON SESSION.

Dr. Liveter, aged 85 years, one of the charter members made a brief address, reviewing the history of the Society, after which a nominating committee was appointed. The following papers were then read: "Perityphilitis, by Dr. M. G. Sloan, of Dexter. "Bichloride of Mercury in Surgery," by Dr. Hanawalt, of Des Moines. "An Improved Jacket Brace for the Treatment of Spinal Curvature," by Dr. D. C. Brockman, of Marengo; "Stricture of the Œsophegus," by Dr. E. W. Clark, of Grinnell; "Nerve Stretching," by Dr. Ristine; "Leprosy," by Dr. R. J. Farquharson. All these papers were discussed by the Society. The secretary then reported a large number of additional arrivals of new, permanent members, and members by invitation.

EVENING SESSION.

On motion, the secretary was authorized to employ clerical help, and allowed fifty dollars a year for services. Dr. R. A. Patchin, read a paper on compound fracture of the humerous, and exhibited a new splint for its treatment.

A resolution providing that the Society may offer a prize for the best essay, embracing original thought and investigation; the prize to be awarded by the committee, restricted by rules and regulations. Also, that the sum of $200 be placed to the credit of the publication committee for that purpose. Dr. Fitch moved that competion be confined to the society, which was carried.

Dr. Hulzy moved that prizes be given to meritorious essays only, and that all essays shall become the property of the society. With these changes the resolutions were adopted.

The committee appointed to recommend some action in regard to foreign correspondence, reported in favor of the appointment of inter-State delegates to other societies, and suggested that Dr. Donald McRae, of Council Bluffs, would be acceptable to the Iowa Society. The committee on the President's address reported. The main point raised in the report was the recommendation of the committee requiring that delegate to the State society shall only be admitted from living, working local, county or district associations. The report was adopted.

The paper of Dr. McCleur was read by title and referred.

A paper on "Insanity of Women" was read by Dr. Jennie McCowan, of Davenport.

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THIRD DAY.

Routine business was transacted, and Dr. Jennie McCowan's paper was discussed at length. Other papers were read, as follows: Dr. G. O. Morgridge, "Obstructive Dysmenorrhœa;" Dr. R. H. Stephenson, "Uteride Therapeutics;" "Report on Ophtalmology and Otology," by Drs. Hazen and Cruttenden: "Treatment of Obstruction of the Lachrymal Canal," by Dr. F. E. Cruttenden; "Hypnotics," by Dr. Ira K. Gardner.

AFTERNOON SESSION.

The reports of various officers were received and adopted, and delegates appointed to the American Medical, the Nebraska and Wisconsin societies.

The committee appointed to present resolutions in regard to school hygiene, made the following report:

The undersigned, your committee to whom was referred the subject of school hygiene, for the purpose of calling the attention of the State Board of Health to some of the more important defects in the present methods of educating children, often brought to our notice as physicians, respectfully submit the following report:

WHEREAS, The attention of this society having been directed to the imperfections in the locations, construction and arrangements of school buildings; also to the management of pupils by parent and teachers, therefore,

Resolved. 1. That ample play grounds, with proper shade and drainage, should be carefully considered by School Boards.

Resolved. 2. That school houses should not be more than two stories in height, that the rooms should be supplied with abundant means for supplying fresh air and ventilation, so as to secure an equable temperature at about 70 degrees F. Furthermore, that the stairs should be wide, but not steep, and the doors for egress should be large enough and open outward.

Resolved. 3. That desks should be so arranged that the light will be introduced on the left side if possible, upon the right side or from behind, but never so as to strike pupils squarely in the face.

Resolved, 4. That we condemn the practice of sending children to school before they are seven years of age: also the tendency to the "cramming" process which so often checks, rather than promotes physical and mental development. Again we urge greater discretion on the part of parents about putting children into school in special cases, when the health is imperfect, or where the child is remarkably precocious.

Resolved. 5. That this society request the State Board of Health to take some action to bring this subject to the attention of the State Superintendent, the County Superintendents and Boards of School Directors.

Resolved, That the Board of Health should also make known the facts collected and tabulated, regarding the increase of diseases of the eye in school life; also impart instruction in the methods by which this organ is relieved, of the excessive strain which modern civilization makes upon it.

Wm. Watson, G. K. Hill,
H. A. Gilman, E. H. Hazen,
George F. Jenkins, Committee.

Dr. Robinson offered the following resolution.

Resolved, That the Legislature of the State of Iowa be requested to pass a law making it obligatory that the formulary of patent medicines, and proprietary medicines, be printed on the inside label of the package or bottle, so that an antidote for such poisons may be had in time to save the patient.

The resolution was adopted unanimously.

ELECTION OF OFFCERS.

President, H. C. Huntsman, of Oskaloosa.
First Vice-President, H. B. Ransom, of Vinton.
Second Vice-President, C. C. Griffin, of Vinton.
Secretary, Dr. J. H. Kennedy, of DesMoines.
Assistant Secretary, G. E. Crawford, of Cedar Rapids.
Treasurer, G. R. Skinner, of Cedar Rapids.
Place of meeting, Cedar Rapids on the third Tuesday of May, 1885.

Committee of Arrangements, H. Ristine, Cedar Rapids; C. H. Hobby, Iowa City; A. F. Reed, Cedar Rapids; W. E. Egan, Atlantic; G. R. Henry, Burlington.

Committee on Publication, J. F. Kennedy, L. C. Swift, Des Moines; W. D. Middleton, Davenport; J. Williamson, Ottumwa; G. R. Skinner, Cedar Rapids.

Committee on Necrology, First District—J. A. Scroggs, Keokuk.
Second—A. W. Cantwell, Davenport.
Third—S. N. Pierce, Cedar Falls.
Fourth—L. P. Fitch, Charles City.
Fifth—W. C. Schulze, Marengo.
Sixth—F. W. Clark, Grinnell.
Seventh—W. H. Ward, Des Moines.
Eighth—P. Llewellyn, Clarinda.
Ninth—J. D. Holmes, Audubon.
Tenth—A. D. Meredith, Ames.
Eleventh—G. W. Briggs, Sioux City.

Committee on Ethics, S. E. Robinson, West Union; J. D. McCleary, Indianola; A. W. McClure, Mt. Pleasant; P. S. Mosher, Boone; W. S. Robertson, Muscatine.

Delegates to American Medical Association:

First District—Dr. T. J. Maxwell, Keokuk Dr. Scroggs, Keokuk; Dr. Stever, Fairfield; Dr. A. A. Gillman, Mt. Pleasant.

Second District—Dr. Adair, Anamosa; Dr. W. S. Robertson, Muscatine; Dr. A. B. Bowen, Maquoketa; Dr. W. D. Middleton, Davenport.

Third District—Dr. Wm. Watson, Dubuque; Dr. G. B. Wood, Fairbanks; Dr. D. M. Wicke, New Hartford; Dr. S. N. Pierce, Cedar Falls.

Fourth District—Dr. A. B. Bundy, St. Ansgar; Dr. Gardner, New Hampton; Dr. D. S. Brainard, Stacyville; Dr. S. B. Chase, Osage.

Fifth District—Dr. S. S. Lytle, Iowa City; Dr. G. R. Skinner, Cedar Rapids; Dr. D. C. Brockman, Marengo; Dr. C. C. Griffin, Vinton.

Sixth District—Dr. G. P. Cark, Prairie City; Dr. S. B. Thrall, Ottumwa; Dr. J. R. Gorrell, Newton; Dr. H. C. Huntsman, Oskaloosa.

Seventh District—Dr. M. G. Sloan, Dexter; Dr. L. H. Sweber, Colo; Dr. G. P. Hanawalt, Des Moines; Dr. E. T. Likes, Winterset.

Eighth District—Dr. J. B. Wilson, Creston; Dr. L. S. Graves, Afton; Dr. P. W. Llewelling, Clarinda; Dr. W. H. Gibbons, Chariton.

Ninth District—Dr. W. C. Egan, Atlantic; Dr. J. E. Sansom, Anita; Dr. C. H. Pinney, Council Bluffs; C. W. DeMotte, Shelby.

Tenth District—L. J. Alleman, Boone; D. S. Fairchild, Ames.

Eleventh District—J. D. McVay, O. D, Donely, G. H. Grimmell, Charles Enfield.

Speeches were made by the retiring and newly elected presidents. After the usual complimentary resolutions, the society adjourned, the meeting having been the most successful in the history of the society.

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CORRESPONDENCE.

NEW YORK LETTER.

NEW YORK, May 24.

The announcement in the Lyons Medical Gazette of the successful administration of ether per rectum was followed immediately by an extensive trial in nearly every hospital in the city, many cases being tried the day after the article appeared. It is safe to say that few, if any innovation in surgery has met with so prompt and eager a trial. The enthusiasm, however, has received a decided check, and not all the unfavorable cases have been reported in the journal by any means. Where actual death has not occurred, the patient's condition has been such that those in charge have been badly frightened, and the subject of rectal etherization has been settled in their minds, at least. Dr. Weir was the first to report a death. It occurred in a robust child 8 months old, from exhaustion, with bloody stools the day following the etherization.

An adult patient in one of the largest hospitals died two hours after the etherization. On examination the gut was found ruptured at the site of an ulcer, showing the rapid distention which often occurs, is dangerous, especially in a weakened condition of the intestinal canal. Another patient presented alarming symptoms on the operating table, as cyanosis; feeble heart-action; pallor, etc., after the ether tube had been removed after ten minutes trial, with no anæsthesia produced in that time, indicating that the ether in the intestine was absorbed suddenly and rapidly. This patient lingered along with diarrhœa, bloody stools, etc., and died at the end of three weeks from exhaustion. Other cases have presented alarming symptoms of exhaustion and bloody diarrhœa, and had the operations been grave, these, added to the shock of the operation, would undoubtedly have proved fatal in many of the cases. It is a noteworthy fact, that those who have had the most experience with this method, and the experience of all in this country is but limited, are the most cautious and guarded in its praise or approval, and, while recognizing its usefulness in operations about the face, still consider it of limited range of application and attended with considerable danger.

The annual meeting of the American Medical Association drew many of the New York profession to Washington and many of the leading men contributed papers. The code question did not raise the discussion anticipated, for one reason, perhaps, that many of the new code adherents did not attend. The journal of the Association is regarded as excellent, or poor, principally from the stand-point of one's feeling on the subject of the code, I imagine. However, it is a fact that many of the old code party feel disposed to criticise it somewhat though in no strong manner. The journal does not appear to attract a fraction of the attention here that it seems to in the West. In fact, it is rarely spoken of, and I imagine many doctors would have no opinion on the subject from the fact that they do not know much about it.

New York is a city of charities and this fact is again illustrated in the past week by the laying of the corner stone of a new Cancer Hospital. It is to be a finely built structure, fronting Central Park on the west and capable of accommodating a large number of patients. Mr. and Mrs. J. J. Astor are prominent in the movement, having given $200,000 to the object. The address at the laying of the corner stone was delivered by Dr. Wm. H. Draper, and his audience represented a large part of the wealth and influence of the city.

It is a little remarkable that this is the second hospital of this character started within a year. The first is the Skin and Cancer Hospital, on Thirty-fourth street, on whose staff many of the leading dermatologists of our schools are found. Another charity now much noticed in the press and much needed, too, is a hospital for chronic cases. Some of the larger hospitals here refuse to receive cases of phthsis on any condition. It is proposed to erect an institution of this kind outside the city, but of ready access, which would relieve our overcrowded hospitals. The energies of those engaged in multiplying our already too numerous dispensaries might be much better employed in this undertaking which would relieve actual suffering and would not at the same time encourage a pauper spirit in those able to pay a doctor or work injury to the profession.

The College of Physicians and Surgeons held its annual commencement, May 15, graduating a class of 97. Prof. John C. Dalton has succeeded the venerable Alonzo Clark as president of the college.

MULTIPLE PLACENTÆ.

To the Editor of the Review—On perusing the REVIEW, of May 17, my attention was directed to a contribution by Dr. Albert Fuller, of Vermillion, Kansas, on "Monstrosities". Case 2nd. I was interested in this case, as I witnessed one almost precisely analogous to it, about fifteen months ago. Was then practicing at Tulip, about twenty miles distant from this place. A cow, heavy with calf, before her time was up contracted a disease which resembled dysentery, appetite was lost, and she daily grew weaker and thinner. Finally, one cold morning, we found her lying in the pasture unable to get up, with a fine, healthy, well developed calf standing over her. Her entire womb had prolapsed and inverted and was studded with little polypoid bodies (multiple placentæ), exactly identical with the lumps Dr. F., described. With the aid of my pocket knife, I began to dissect these lumps, and then to replace the uterus to the original position. The lumps, however, were quite vascular; arterial blood gushing freely from them, and being already depleted by a severe post-partum hemorrhage, died before I finished removing them. The case was one of unusual interest to me as I had never seen such a freak of nature before.

A. R. BANKS.

Arkadelphia, Ark., May 20, 1884.

The *Home Health*, originally published by Dr. T. M. McIvaine, of Peoria, Ill., has passed into the hands of J. H. Chambers & Co., and publication of the popular periodical will be resumed early this fall, at which time all the old subscribers will be supplied, and as many new ones as may meantime send in their orders.

Prof. W. H. Welch, of New York, has been elected Prof. of Pathology in the John Hopkins University.

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THE WEEKLY MEDICAL REVIEW.

VOL. IX. NO. 23. CHICAGO AND ST. LOUIS, JUNE 7, 1884. TERMS: $3 A YEAR.

CHOLECYSTOTOMY.—Dr. W. Lawson Tait, of Birmingham,Eng.,has performed the above operation thirteen times, with recovery in every case. He performed the first successful operationof the kind in 1879, upon a patient who is still living, as indeed are all his other cases except two. In his note on the subject in the British Medical, May 3d, 1884, he pays the very highest compliment to the late Dr. Marion Sims. Speaking of the remaining eleven cases, he says: They are in perfect health, and the results are perfect with one exception, and that exception has taught me a great deal.

It has, in the first place, satisfied me that my much lamented friend, Dr. Marion Sims, laid down principles from which we are not likely to depart with any advantage, and that he practically perfected this operation, though he did not meet with a successful result in his own case.

Two modifications of the proceedings as advised by him have been suggested and have been put in practice, but they are not based on good reasoning, and have not been successful in practice. The first is a proposal made, I believe, by Sir Spencer Wells, to open the gall-bladder, remove the calculi, and to close it by a continuous suture without attaching it to the abdominal wound. So far as I know, this has been put in practice only once, and the result was fatal. A large quantity of bile was found in the peritoneum; and though this may not have been the cause of death, it is clearly a condition which is unlikely to contribute to success.

But the arguments against this proceeding are much stronger than the mere want of success in a single case. The gall-bladder is an organ subject to periodic filling and emptying, the latter process being accomplished by the contraction of its muscular walls, and this contraction is far more powerful than seems to be believed by any author I have consulted on this point. It also secretes an abundant quantity of clear albuminous fluid from its mucous surface, and this fluid contains—if I may make a conclusion from the few rough experiments I have made on the subject—some kind of ferment. Even if no bile enter the gall-bladder, it speedily fills with this secretion and expels it; so that, if its duct were occupied by a calculus, and a wound in its base were closed by a continuous suture, and not fastened to the abdominal wall, as recommended by Sir Spencer Wells, it is difficult to believe that such wound would remain closed.

It is a matter of extreme difficulty—in fact, I may say it is impossible during the operation of cholecystotomy—to be quite certain that all the stones are removed from the duct. This canal is distended by the passage of a calculus, urged forwards by the pressure of the secretion of mucus by the gall-bladder itself. So long as the stone is in the cystic duct, the contents of the distended gall-bladder consist entirely of this clear mucus. After the stone has passed the mouth of the liver-duct, the bile flows into the gall-bladder, its passage into the duodenum is prevented, it is reabsorbed into the system and jaundice is produced. The cystic duct, in its normal state, is of much smaller diameter than the common duct, and the agonizing pain of the passage of a gall-stone seems to be limited, in great measure, to this part of its journey, for it is rare, after these severe attacks, that jaundice occurs. After mild attacks jaundice occurs sometimes, and this indicates that the stone is passing, or has passed, through the common duct.

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This leads me to say that, should cholecystotomy be performed whilst a stone is in the common duct, and the gall-bladder treated as recommended by Sir Spencer Wells, it is clear that the pressure required to force the stone into the duodenum would be much greater than that required to tear open the stitched wound in the gall-bladder; extravasation of bile into the peritoneum ever afterwards would be inevitable.

Exactly the same argument is to be urged with still greater force against Langenbuch's proposal to remove the gall-bladder. The proposal is intrinsically absurd, for there can be no reason for removing any bladder merely because it has some stones in it. In many (five) of my cases the bladder was suppurating and greatly thickened, but the removal of the stones and the drainage of the bladder for a few weeks completely cured this condition. If the gall-bladder were removed at the time that a stone was lodged in the common duct, the bile must all flow, just as in the other case, into the peritoneum. I understand that Langenbuch's proceeding has been fatal in three out of six cases, where it is known to have been tried. It would have been fatal in three of my own cases if I had employed it, for in three of them stones were thus situated. In two I got the stones out, and in the third the stone is still there. Every drop of bile comes through the fistula, and not any appears to go through the intestines. The fistula is a mere pin-hole, and I have tried to close it three times, always with the result of bringing an agonizing colic which lasts till the bile forces its way out through the fistula. This takes about fifty hours. It is clear I shall not succeed in this way, and I propose to open the abdomen again, about an inch to the inner side of the gall-bladder, and crush the stone in situ by means of padded forceps applied outside the duct. If a better plan should occur to any of my readers I should be glad to have it, and if it should be practicable and successful, its originator shall have full credit for the suggestion.

Whilst watching these interesting cases of biliary fistula, I have read much of the literature of investigations concering the function of the bile, and I have been greatly amused to see how utterly futile experiments on animals have been in settling even the most elementary facts of the influence and the uses of the human bile. Thus I have not seen the slightest evidence to believe that either quantity or quality of food, or any drugs which were used for the legitimate treatment of these cases, as morphia, calomel, podophyllin, and rhubarb, have the slightest effect on the quantity or character of the secretion. None of the patients have suffered in any way when even the whole secretion has come through the fistula, in one case for months, save from the inconvenience of the dribbling. Indeed, in a case still under observation, the patient has positively gained in weight, and has greatly improved in health. The stools are almost milk-white, and there is not the slightest evidence of the flatulence and decomposition which is said in the text-books to be the result of biliary fistula.

The conclusion of the surgical experience these cases is, that the entire possibilities of the treatment of gall-stone and distended gall-bladder are exhausted in Dr. Marion Sims' original paper published in this Journal, that no further extension of it seems possible, and that no further experimentation, such as that of Wells and Langenbuch, seems desirable.

CREMATION is evidently gaining favor rapidly, and the example which the late Dr. S. D. Gross established in requesting his remains to be cremated, will not fail to have its influence. The question has of late been brought before the British community by two circumstances: By Dr. Price cremating his own child, and by the Cremation Bill of Dr. Cameron before the House of Parliament. It was not expected that Dr. Cameron's bill would pass, but the opposition was less than was expected, and it has developed the fact that there is no legal obstacle to the practice of cremation. If the custom of cremation was

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adopted, there would unquestionably be instituted a more searching investigation relative to the cause of death in cases which, at present, undergo little or no investigation, and such systematic investigation might contribute largely to the further development of pathology. It would further give us hitherto unobtained information on the absolute amount of mineral salts contained in the human body at various ages, and their variation in different callings in life. as well as in the same callings in different regions. In stone-cutters, for instance, we should expect quite an increased quantity of the mineral constituents peculiar to the stone on which the individual was accustomed to work, would be found, partly in the lungs and in part even dissemminated over the body. For, if small particles of coal can thus find their way through the lungs (see REVIEW Jan. 26th, '84) to distant organs, there is no reason why other small particles may not pass through similar channels. A similar process of reasoning would lead us to expect a considerable increase of iron in the final ash of those engaged in needle polishing and similar occupations. Accurate knowledge on these points would be peculiarly interesting as facts, and would be very likely to lead to eminently practical results.

We see from the daily papers that a proposition is on foot in the South for the cremation of the victims to certain contagious diseases. Such a proceedure would probably be more efficacious in the suppression of contagious diseases than we can at present realize. For, although we are not sure of the actual cause of infection in such cases, we know sufficient in a clinical point of view to prove the danger of contact with such cases, and to establish beyond doubt the purifying influence of fire. It only remains for a few men of note to lead the way to introduce a law to cremate all bodies deceased from infectious or contagious diseases.

Important as this is, relative to the human race, it is none the less important relative to the disposal of the bodies of animals dying of infectious diseases. It is the custom to bury such carcases without much regard to location, and the carcase is allowed to infect the soil, and thus affect the water which their survivors have to drink.

CHOLERA INVESTIGATIONS.—All our readers are aware, from one source or another, that the indefatigable labors of Koch have discovered a microbe which seems to be always associated with fatal cases of cholera, and that a similar microbe has been found contaminating the water from which an outbreak seems to have arisen. In conjunction with these facts, it will be profitable to cull a few statements made by Surgeon-General W. B. Cornish, delivered before the South India Branch of the British Medical Association and published in their journal. He says:

"It is within the experience of all, that an attack of cholera in the individual is often aborted by timely treatment. During an epidemic, what can be commoner than the following typical case: A man is suddenly seized with a feeling of oppression and sinking about the epigastrium, followed by two or three frequent and copious watery evacuations, and, if there be no actual sickness, a feeling of nausea and faintness. Such attacks often occur in the early morning, the patient having gone to bed perfectly well, and slept soundly until the desire to relieve the bowels was felt. Besides these symptoms, there is generally a clammy skin, a weak pulse, and much nervous anxiety. Now, let a case of this nature be treated instantly, by some combination of opium with a diffusible stimulant (a full dose of chlorodyne and brandy is perhaps the best and simplest remedy to be found at hand), let him be put to bed and have warmth applied to his feet and epigastrium, so as to favor sleep. In nine cases out of ten, when the patient falls asleep, the diarrhœa is checked; and when he awakes, he will feel quite easy and comfortable. In the tenth case the remedy may fail, and the disease progress until all the symptoms of aggravated cholera appear in their due order.

Now one of the difficulties in regard to the study of cholera is this; that, although we are taught that the contagium of the disease

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passes off by the bowels, yet as a matter of fact, the only stage of the disease in which we can deal with cholera with any hope of success, is the stage of early diarrhœa. If we can check that, and procure sleep, the patient suffers no after consequences. He enters at once upon a condition of health. But when we are unable to check the pouring out of the fluids of the body into the intestinal tract, the graver symptoms of cholera immediately follow. What becomes of the contagium of cholera, supposing the disease to be due to an infective germ, when the early diarrhœa is checked? How does the contagium escape from the body, or what happens to it within the body, that its usual effects should not be manifested? You will see from these and many other peculiarities of the disease, that there is yet much to be cleared up before we can make any satisfactory progress in understanding the disease. The literature of cholera is already most voluminous, and I suppose there is no subject within the domain of medicine on which so many crude theories and speculations have been entertained. I do not say that all the books and papers that have been written about Asiatic cholera are wrong and misleading, but I do say that it behooves the profession in India to begin any new researches in regard to its nature, by a general confession of ignorance. So far as I know, there is scarcely one feature of the disease, either in its epidemic or in its personal relations, that might not receive new light by careful investigations conducted de novo, just as if the whole of the literature to which I have alluded had perished out of the world.

A New Form of Stethoscope is the subject of a paper in the British Medical Journal, May 10, 1884, by E. T. Ogdon Smith, in which the ingenuity of the Yankee for adaptation and combination is not merely thrown into the shade, but consigned to Egyptian darkness. Our readers will conclude that we are joking, but it is a mistake, when we say that it is a binaural stethoscope, a differential stethoscope, and "otoscope," a stomach tube for administering an emetic to an obstreperous patient; a nasal douche apparatus, a tourniquet, a catheter, male and female, an ear speculum, apparatus for administration of an enema, device for washing out the vagina and bladder; and can all be carried in an ordinary watch pocket. We would not wish to convey the impression that this device is seriously given as the best contrivance for all these purposes at all times, but as a convenient contrivance for the "busy practitioner." The whole is made up of an ear speculum—two sizes, Jacques' catheter, the tips attached to the diagnosticating tube of the aurist and connecting links.

Internal Anthrax.—A fatal case of internal anthrax, without any external lesion occurred lately in Guy's hospital, London. The man had been engaged, only one day in handling raw-hides from China, and complained of feeling ill on the same day. He was admitted to the hospital on the fourth day, had symptoms resembling those of tetanus or acute meningitis; he was at first delirious, had tetanic spasms, became comatose and died the same evening. The autopsy revealed sloughing charbon of the stomach, duodenum, and other parts of the small intestines, cerebral and spinal hemorrhage, and hemorrhage also into the skin and subcutaneous tissue.

Tabes Dorsalis in Women. — Considerable discussion has occurred of late relative to the association of tabes to syphilis. The experience of Fournier, of Paris, and Erb, of Leipzig, furnishes strong evidence in favor of the idea of syphilis being, if not the only, a very frequent cause of tabes dorsalis, or locomotor ataxia. In support of this view Dr. J. P. Mœbins, in the Centralblatt f. Nervenheilkunde etc., details five cases which he has observed within a year. He says the clinical history of these cases associated with the development of the affection, has produced such an impression on him, that, although the number of cases is small, yet their recital will be of interest.

To save repetition it may be stated that in

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not a single one of the cases was there any circumstance whatever, either in family history or individual peculiarities which could be suspected as liable to have developed the affection.

Case 1. A woman æt. 33 years, married eleven years previously, gave birth to a child at the end of the first year after marriage. Two years after marriage, nine years before the locomotor ataxia was observed, she was infected with syphilis by her husband. For two years previous to the observation, she had noticed weakness of the knees, then of the whole legs, persistent coldness of the feet, sharp, shooting pains in the lower extremity. She grew thin, suffered from insomnia. She had been divorced and married a second time, but remained childless. The testimony of syphilis was that of the physician who had treated her, but no evidence of it could be found on her person. The evidence of tabes was the ataxic gait, insecurity with closed eyes, analgesic condition of lower extremities, absence of knee phenomenon, flow of urine during cough or laughing, pain in defecation, sexual appetite gone. Treatment was without effect.

Case 2. Woman æt. 35 years, married at the age of 22. One year later delivered of a child. In 1873 she remarked that her husband abstained from intercourse and that he was treated by a physician, the next year she aborted. In 1876 her husband suffered from a general affection of the skin—syphilis. The patient herself had never exhibited any signs of syphilis, and after an examination by Prof. Dr. Wagner, was pronounced sound. Her husband died in 1882. She, however, was taken sick in 1881, with vomiting of bile, weakness and severe pains in the legs declared itself, the urine sometimes passed involuntarily and sometimes had to be pressed out. There was present the ataxic gait, insecurity with closed eyes, slight anaesthesia of the soles of the feet, knees were swollen and produced loud cracking on movement. The pupils reacted unequally to the light. There was no external sign of syphilis.

Case 3. Woman æt. 45 years. According to the family physician, her husband had suffered from syphilis. Thirteen years previous to the observation she had aborted for the first time; twelve years previous, for a second time, and a third time six years previous. Moreover, she had borne six children, five of which died soon after birth. There was no outward sign of syphilis.

The ataxia was so marked in this case that she could move a few steps only with great difficulty. There was marked anaesthesia of the fee absence of knee phenomenon, disturbanee of the bladder, inability to evacuate the bowels and pupil insensitive to light.

Case 4. Woman æt. 34 years. Was married in 1876. At the close of the same year her husband went on a journey and came back sick—suffering from syphilis. She was warned of the danger, but at the end of the year 1877, she aborted, and again in the year 1880. Although she thought herself that she had been infected by her husband, yet, she afforded no outward manifestations of syphilis except the loss of her hair.

There were lancinating pains in the legs and occasionally in the arms. The gait was decidedly ataxic, absence of knee phenomenon and the pupil insensible to light.

Case 5. Woman æt. 33 years. Fourteen years previous to observation she was married. Respectively, thirteen and twelve years previously had she given birth to children. She had never aborted. Four years previous to observation, however, she had had an ulcer on the womb. This case afforded the least suspicion of syphilis, but a note indicates that she had observed her husbands abstinence, and remembers to have noticed yellowish brown spots on the bed-linen, and that since that time she has been barren. In her case there was no outward sign of syphilis. There was, however, marked ataxia, a certain amount of anaesthesia, no knee phenomenon, pupils moderately large, the sight responding a little to the light, the left only on convergence.

If we add to this testimony that of Erb, "I possess testimony of thirteen cases of locomotor ataxia among women, four of which afford us evidence of syphilis; among three no syphilis was traced, but one of them had

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three miscarriages, and exhibited scars of skin ulcerations. The third had a husband unquestionably syphilitic. The remaining six cases had unquestionably suffered from syphilis."

This is certainly strong evidence of the frequent association of syphilis with locomotor ataxia, and will, we are sure, lead to closer observation relative to the possible manifestations of syphilis as it affects the nervous part of the organism. The therapeutic argument, that mercury and iodide of potassium do little for such cases, is of little or no avail, because it rarely happens that the affection is brought to the notice of the physician under such circumstances until the degeneration has too far advanced.

CONGRESSIONAL ACTION ON THE MARINE HOSPITAL SERVICE, AND NATIONAL BOARD OF HEALTH.—"The Committee on the Public Health to which was referred House Bill, No. 2785, have carefully considered the same, and the imporant subjects which it involves, and have the honor to report that they do not think it would be wise to confer upon the National Board of Health the broad powers which they would possess if this bill should become a law. We believe it will be best to leave the management of the quarantine and epidemics where it rests now. The Secretary of the Treasury in his last annual report assures us that the present plan has furnished good results, and we are convinced his statement is correct. Yet, we are of the opinion that the National Board of Health should be preserved, and that it should be provided with reasonable means to pay the expenses of its existence and of such work as properly comes within its sphere. Therefore, this committee recommend that the bill mentioned do not pass. They further recommend the passage of the accompanying resolution:

Resolved, That the Committee on Appropriations of this House be, and they are hereby instructed to include in the sundry civil appropriations for the year ending June 30, 1885, the following items:

For contingent epidemic fund to be at the disposal of the President, and to be expended at his discretion, the sum of $200,000 including the unexpended balance of previous appropriations amounting to $115,000.

For support of National Board of Health the following sums for the specific purposes named:

ESTIMATE FOR NATIONAL BOARD OF HEALTH 1885.

For pay and expenses of members of the Board and for the investigation of questions affecting the public health, including the study of other diseases than small-pox, cholera and yellow-fever - - - -	18.000
For rent, fuel, postage, telegrams, printing and miscellaneous expenses	2.500
Disbursing Agent, clerks, messengers, etc. - - - - - -	4.500
Total - - - - -	$25.000

THE ILLINOIS MEDICAL PRACTICE ACT.—Recent decisions in two cases, one under the Act to Regulate the Practice of Medicine in Illinois, the others under the Dental Surgery Act, sustain the right of the State Board of Health to determine the statutes both of a college and of a practitioner. Under the latter act, the Supreme Court refused the petition of Isaac Sheppard for a writ of mandamus to compel the State Board of Dental Examiners to issue him a certificate or license based upon a diploma of the Indiana Dental College. The Board refused the license on the ground that the College was not a "reputable institution."

It was argued that the law constitutes the Board judges of the standing of a college, and there is no power of review vested in any other body. "If the Board should arbitrarily or unreasonably abuse their discretion, and refuse a license without any reason therefor, there is a remedy for such abuse of said discretionary power." But there was no ground for claiming that this was the case in the present instance.

The Board in its judgment had decided that the curriculum of study and and requirements for graduation of the Indiana Dental

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College were not such as to entitle it to be classed as "a reputable dental college;" and there is no power in the law given to any person or body to review and set aside, or confirm, the exerise of the discretion by the Board. The petition for a mandamus was denied.

In the case of the State Board of Health against C. Buel Rice, of Cincinnati, a graduate of the Medical College of Fort Wayne, tried in the Sangamon County Court, the defense set up the plea that, being a graduate of a "legally-chartered medical institution in good standing," the defendant was entitled to a certificate of the Board; and that it was not competent for the Board to inquire into the moral or professional character of such graduates. On the part of the prosecution, it was shown that charges had been presented to the Board, alleging that Rice was in the employ of, and associated with, the "K. and K. Surgeons" a firm of advertising quacks, from Cincinnati and elsewhere, and that, in various ways connected therewith, his conduct was unprofessional and dishonorable, within the meaning and intent of the Medical Practice Act. Upon these charges the Board had refused to issue Rice a certificate until he had disproved the same. Instead of making any attempt at such disproof, Rice continued to practice; whereupon he was arrested for practicing without the necessarry certificate. The facts were admitted by the defense, but, as already stated, the court was asked to dismiss the suit on the ground that it was obligatory on the Board to issue its certificate to the possessor of a genuine diploma of any "legally-chartered medical institution in good standing, regardless of the moral or professional status of the individual. This the Court declined to do, but found the defendant guilty,and assessed a penalty of $50 fine and cost.

Hypnoscope.—At a meeting 17th of May of the Société de Biologie, of Paris, a "hypnoscope," invented by a Mr. Ochorowitz, was presented to the society by Richet. The instrument is a circular magnet and its application (like a finger ring) permits to fortell whether an individual is, or is not capable of being hypnotized. The phenomena produced on the person experimented upon are both of a subjective and of an objective character.

Among the first are divers sensations of cold, heat, shuddering, electricity, etc. Among the latter are observed vasomotor disturbances, various kinds of anæsthesia, contractions, etc. According to Ochorowitz 30 per cent. of the number of persons experimented upon responded to the action of the magnet. All of them were more or less capable of hypnotization. The medical profession of Paris seems to be rather partial to the influence of the magnet on the nervous system and there can be no doubt that its action in certain hysterical affections is demonstratable to the most sceptical critic. It may be that in consequence of this partiality there was only one voice raised against the probability of the influence of magnetism in the experiments referred to. Indeed a finger, surrounded by a "circular magnet," must necessarily be outside of the magnetic field according to the physical laws of magnetism. To us the whole subject savors of self-deception or something worse.

Excision of the Primary Syphilitic Chancre is favored by Prof. Hardy, of the Hôpital de la Charité. He confirms the observations of the German advocates of this operation, according to whom secondary symptoms are prevented in a fair number of instances. But the excision must be thorough, and the operator must not be afraid of hemorrhage nor of producing a great loss of substance. Every trace of indurated tissue has to be removed.

Among the Lost Arts in Medicine may be counted the replantation of teeth. Nearly two hundred years ago teeth were extracted and replaced with success. Since Hunter's time the practice feil for unaccountable reasons into disuse until it was revived by the Englishman, Coleman, some decades ago. The interest in this operation seems to be increas-

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ing of late among European surgeons. Some time ago Prof. Maas operated on three patients successfully. He pulls the diseased tooth in the usual manner, scrapes out the cavities, removes the products of inflammation, saws off diseased roots, disinfects the tooth in $\frac{1}{10}$ per cent. solution of bichloride of mercury, fills the cavity with one of the usual amalgams, and replaces the tooth. The patient is fed a liquid diet for a week, by which time the healing process is completed. No anaesthetic is used in the operation. Reparation takes place by ossifying granulation without pain, and the replanted teeth sit firmer in their sockets than the original ones.

THE THERAPEUTICAL VALUE OF ARSENIC IN TUBERCULOSIS is far from being generally recognized. Whereas v. Langenbeck reported favorably on a series of tuberculous joint affections in which the arsenical treatment had given satisfaction. Other observers report that arsenic not only has no favorable effect upon the tuberculous affections of the lung, but that it makes matters decidedly worse by predisposing the patients to bronchial irritation and by causing bloody expectoration.

THE EXISTENCE OF A THERMIC CENTRE, supposed to have its seat in the medulla oblongata, under the floor of the fourth ventricle, seems to be rendered more probable by a clinical observation, the only one, to our knowledge, extant, in which the post-mortem revealed a lesion in the region mentioned.

A patient suffering from chronic alcoholism, and having, besides, the symptoms of bulbar paralysis, first: Complete anaesthesia and difficult respiration, which was succeeded by the Stokes-Cheyne symptoms, showed the temperature of 73 F. in ano during the last days of his disease.

On post-mortem examination a focus of softening was found in the region indicated above.

It is questionable, moreover, whether the lowering of the temperature was really due to the destruction of the supposed centre, or to the continued alcoholic excesses and concomitant inanition. At all events, a temperature of 70° F. is something very uncommon.

THAT QUININE IS CONTRAINDICATED DURING MENSTRUATION, has been held by many physicians. Recent observations confirm that view. Females who, under ordinary circumstances bear the remedy well, are liable to uterine colic if they take it during the menstrual period. This is in perfect accordance with our knowledge about quinine as an oxytocic agent. In both instances the existing exctiablity of the uterus is increased by the drug.

AN OLD STORY.—In Section I., Treatise 2, the law of Hippocrates, begins thus: "Of all the arts, medicine is the most illustrious ; but the ignorance of its professors, and that of those who judge of their qualifications, is the cause of its having been considered as among the most contemptible. This, in my opinion, arises chiefly from the circumstances that medicine is the only profession for which, in our cities, there is no penalty attached to such as ignorantly pursue it,beyond that of contempt." (Sic). Verily, there is nothing new under the sun, and the father of medicine little knew that centuries later his unworthy disciples would prove the truth of his acute observation.

A PURE BASIC SULPHATE OF QUININE.—According to the investigations of Dr. de Vry, all the basic sulphates of quinine contain from 5 to 15 per cent sulphate of cinchonidia and it is impossible to manufacture commercially pure basic sulphate of quinine; and on the other hand the neutral sulphate of quinine is not only always pure, but cannot be impure except by adulteration. The doctor arrives at the conclusion that the neutral salt ought to be exclusively employed on account of its constant purity, aside from its greater solu bility.

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CONTRIBUTIONS.

RHINITIS PRURITUS, OR ITCHING NASAL CATARRH (HAY FEVER, ROSE COLD, JUNE COLD, JULY COLD, AUTUMNAL CATARRH.)

By Thos. F. Rumbold, M. D.

Read before the St. Louis Medical Society, May 3rd, 1884.

[CONTINUED.]

Case VII.—Mr. Wm. C. F., Kirkwood, Mo., æt. about 50 years, consulted me May 2nd, 1884.

EARLY HISTORY.

Had enlarged tonsils since he has been ten years old, and frequent abscesses in the throat (tonsils) in the fall months. Has always had tinnitus aurium.

Last Aug. (1873) had severe attacks of itching of the eyes and sneezing whenever he went through a clover field. A week before coming to me he felt the same sensation coming on again. As he was told his complaint was "hay-fever" he concluded to try the effect of treatment. He is quite a large man and has had a few attacks of short breathing that resembled asthma.

The first treatment was quite beneficial, but I required that he should avoid the clover and hay field, this he did. He was treated the next two days and felt so well that he passed the next day without treatment. May 6th came for treatment, felt well since last visit. Was not treated until the 11th; had a slight sensation of itching and a few sneezes the day before; treated the 17th; then again on the 19th and 23d. As he felt entirely well he concluded that he did not require further medical treatment.

July 25th returned for treatment; had a few sensations of return during the week. Was treated again on the 30th, Aug. 20th, 26th and Sept. 3d.

As he had no evidence of his "pollen fever" he did not deem it necessary to take further treatment at that time.

He passed the spring of 1875 feeling in unusually good health, but by advice avoided clover and hay fields. Oct. 23d, 1875, came again for treatment, "driven by thirty or forty sneezes that almost killed me yesterday."

He sneezes very strongly, and being a man of about 225 pounds, it tortured him very much. When he sneezed yesterday, he came near falling off his chair, having no control of himself while in the spasm.

Was treated again the 25th, 27th, 29th, Nov. 3d and 10th.

He was treated three times in Aug. 1876, more as a precautionary measure than as a necessity. I have not treated him since; nor have I heard concerning his health, but I have every reason to think that he has remained well, as he still lives in this county.

Case VIII.—Miss O. H., principal of our public schools, æt. about 38 years, consulted me March 4th, 1874, because of stoppage of the nostrils, severe frontal headache and weeping eyes. Her eyes began to itch Feb. 26; this had been increasing to her great annoyance; it was especially severe at night.

EARLY HISTORY.

Has been subject to sore throat since she was a girl, also to severe headaches. For many years has had to clear her throat in the morning, which occasionally makes her sick at the stomach.

The treatment gave her immediate relief. She was directed to come the next day, but she did not come until the Saturday following, the 7th. She had but slight return of her symptoms. Was treated again on the 8th, 11th, 14th, 17th and 21st, and not again until Dec. 25th; then once each day until Jan. 1st, following.

She is still in the city, and so far as I know, remains well.

Case IX.—J. M. C., æt. 29 years, sent to me by Dr. A. B. Barbee, of this city, consulted me Sept. 21, 1874, for relief of a severe tickling cough accompanied by symptoms of "hay fever."

EARLY HISTORY.

Did not think that he took cold when a boy, at least did not know it, but had "running ears" until he was about 17 years old. Has always considered himself as one of the healthiest boys of the family.

One year ago he felt itching symptoms in a slight degree, and was then informed that he was taking "hay fever." In the early part of this month he had occasion to catch a horse that was in a timothy and clover field, and in doing so became quite warm from running after the animal. About the time he got near enough to the horse "a spell of sneezing would come on," which frightened the animal away from him. He had noticed that his eyelids adhered together in the morning for a few mornings before this attack came on. To the dried, encrusted secretions that adhered to the eyelashes he attributed the intense itching that he had experi-

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enced. He did not sneeze more than five or six times, "but the first sneeze closed the nostrils completely." In fifteen or twenty minutes he could breath as freely as usual through the nostrils, and would continue to do so until the next sneezing spell.

He was treated once each day for six days. The first application of vaseline gave him immediate relief. Treated him about three times each week for seven weeks, then twice a week until Nov. 21st.

The next spring he went to Minnesota and remained free of the complaint up to two years ago, the last time I heard from him.

CASE X.—Miss M. M. N., New Harmony, Mo., æt. 20 years. Sent by Dr. A. Ashford, consulted me June 17th, 1875, for relief from a severe attack of pruritic catarrh (hay fever).

EARLY HISTORY.

Up to three years ago was very liable to take colds during cold, damp weather. Has suffered for many years with "very severe, blinding headaches," so much so that she could not continue her studies at school. The headache had such an injurious effect on her eyes that she could not read without the aid of glasses. Has had "quinsy sore throat" almost every winter during the last ten years before the last winter, which she passed free of it.

For one or two years past, except during the last two weeks before she came to, me she had been unusually free from headaches, colds in the head, sore throat and dyspepsia. This attack commenced on May 31st with short breathing which was occasioned by a tickling cough. At the same time she had weak eyes, which soon began to itch so severely that she occupied her time, for half an hour after going to bed, in rubbing them. The severest sneezing fits were usually after she had been in bed for a few minutes, or until the bed clothes got warm. Wet handkerchiefs by the dozen.

Gave the treatments on June 17th and 19th. These applications gave her so much relief that she thought she could miss one day's treatment, which she did. Was treated about three times a week until the 5th of July, at which time she had a slight "sneezing spell;" she was then treated once a day for ten days, and then twice a week for three weeks. She went home on the 7th of Aug. completely relieved of every symptom of the complaint.

The next year, 1876, on Aug. 4, she returned for treatment, but had experienced no symptoms of an attack. She had learned to treat herself by means of the spray producers. This had a beneficial effect on her head and throat. During this visit she received fourteen treatments between the 4th of Aug. and the 16th of Sept., at which time she returned home.

As a usual thing patients who attempt to treat themselves make a complete failure of it, but this young lady was quite an adept in handling the instruments. I always discourage the attempt, because of the inability to use the instruments properly, and the lack of judgment as to the quantity of the remedies to be applied.

I have not heard from the patient since.

CASE XI.—Mr. L. M. R., æt. 47 years, a merchant of this city, consulted me Sept. 30th, 1875, for treatment of a pronounced and long standing case of "hay fever." Every year since 1863 he had go to East, North or West for relief. Had tried everything in the world, but found no relief, had no faith in anything except the high altitude.

EARLY HISTORY.

He was liable to take cold all his life. Never did take good care of himself; is not able to do so now. (It was evident that when he did not have the attack, he did not have the *least thought* of the consequences of his *numerous indiscretions*). The itching of his eyes almost always commenced his trouble. The dust of his store was his great dread. He said "When I start to sneeze I believe that I would sneeze my head off, if I did not cover it with a silk handkerchief and my soft felt hat. I have tried to see how long I would sneeze without my handkerchief, but I would not have the courage to stand it long enough to see if it would stop while my head was uncovered."

When he first visited me his eyes were very red and his nostrils completely closed. The treatment gave but a slight relief. He ought to have been treated the next day, but I did not "lay the law down to him soon enough." Oct. 2nd the treatment had a very beneficial effect. But it was evident that he was not taking care of himself, except when he "had to." Was treated the 3d and 4th, then missed a day and was treated the 6th and 7th.

The treatment on the 3d and 4th gave him entire exemption, so that he thought that he was "not going to have a very bad spell, anyhow;" but his sneezing returned on the 6th, on which day he was treated. He did not feel at all assured by the treatment on the 7th, so took the cars that night for Denver, Colo., to which place he has resorted every fall since that time.

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CASE XII.—Clara T., æt. 8 years. Sent by the late Dr. Frank Porter, of this city, consulted me Sept. 29, 1875. Was first attacked with sneezing on Aug. 22nd, of that year, while she was gathering flowers. At this time she got her face poisoned by "poison ivy," which laid her up in bed for nearly two weeks. After she recovered from this inflammation, the sneezing would instantly commence as soon as she went into the sun or looked up into the sky.

PREVIOUS HISTORY.

Always had been a small, nervous child; tonsils enlarged since infancy. Had ear disease and rupture of the membranæ tympani of both ears when about 4 years old; has had no trouble with them since. Slept constantly with her mouth open and made a very loud, choking noise while breathing. For two or three years she had to lay on high pillows during cold weather, to enable her to breathe without disturbing the remainder of the family.

Treated her on the 29th and 30th, Oct. 1st, 2nd and 4th. These treatments relieved her so much that her mother did not bring her back until Nov. 6th, then again on the 15th and 17th. She visited me again for treatment of her enlarged tonsils, March 17th, 1876, and has since remained free from pruritic catarrh.

CASE XIII.—Miss Emma C., of Trenton, Mo., æt. 26 years, consulted me July 30th, 1876, for relief of "rose-fever." She was attacked with this complaint three years ago. The first year the attacks were not very frequent nor severe, but the disease increased each year since. The attack commenced this year on the 4th of July, while enjoying herself at a picnic in the woods. It was so severe that she held her head in her lap for nearly one hour before she could endure the light, her eyes being much more affected than her nasal passages, at least they were far more painful. She was enabled to go home after tying three thick veils over her face and around her head. After she arrived at her home, she had a severe chill and a high fever during the first part of the night.

EARLY HISTORY.

Has had chronic catarrh for many years, and with it a cough every winter.

The first treatment was given with too great an air pressure on the spray producers, and for this reason did not give the relief that I anticipated. Treated her again the next day with the best effect. These treatments were continued once daily for ten days, then three times a week for three weeks, at which time she was unexpectedly called home.

April 4th, 1878, I treated her again for three weeks, three times each week.

I have no knowledge of her condition since then, but have every reason to believe that she has remained well.

CASE XIV.—Mr. James L., a merchant in this city, æt. about 38 years, consulted me on June 6, 1876, on account of a severe cold in the head. He had been a victim of hay-fever for about four years. Each year his complaint commenced about the 20th of August.

Examination by the pharyngeal mirror revealed nothing unusual except chronic inflammation.

I gave him ten or twelve applications with the spray producers No's 3, 4, 5 and 2. The last application started him to sneezing, which he feared would commence an attack of hay-fever, but it did not. He was relieved of the cold in the head, but received no further applications, preferring to make a visit to the west for relief and relaxation from business.

He returned to my office June 4th, 1877, to be treated for a severe cold affecting his throat as well as his eyes and nose. His trip to Denver, Colo., was productive of much benefit to his health.

EARLY HISTORY.

At first thought he had not been subject to frequent colds while a boy, but upon conversation with his father recollected that he had had scarlet fever very severely when 2 years old, which left him very weak for several years, especially during the winter months. When 20 years old, the late Dr. Pope took a large tumor from his nose; he had forgotten which side; at that time his mother told him he had a bad breath.

Treated him daily from 4th to the 10th. Then three times a week for three weeks which relieved him. Recommended him to return during the early part of Aug. for preventative treatment for his "hay fever." He did so, and was treated Aug. 9th, 10th, 11th, 12th, 13th, 14th, 16th, 18th, and daily until the 23d, at which time he had his attack of hay fever. On the evening of this day he started for Denver, Colo. As he felt entirely well by the 20th of Sept. he returned.

He visited me again on July 29th, 1878, for preventive treatment. He was treated three times a week for three weeks. Commencing on the 18th of Aug. he was treated daily for two weeks. After Sept. he was

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treated every other day until the 15th, then discontinued, entirely well.

The reason for this return for treatment was because of the relief that he experienced from previous treatment and because of my encouragement.

He was again treated a few times during July, 1879 and 1880. Since that time he has remained well as far as I know. As he lives in the city I am sure that he would have returned if he had not remained in good health, as I now have one of his relatives under treatment.

CASE XV.—Mrs. G., æt. 52 years, a German from Quincy, Ill., consulted me in June 26th, 1877, for excessive fits of sneezing. She would sometimes sneeze as many as eighteen or twenty times before stopping, but usually not more than ten or fifteen times. These attacks would come on every ten or fifteen minutes or half hour. As she was quite a heavy woman, these sneezing spells wearied her very much. These attacks commenced five weeks previous to her visit to me, and were constantly increasing.

Examination showed excessive redness of the mucous membrane, and it was much swollen, both nostrils being closed.

Vaseline and three drops of the pinus comp. was sprayed by the No's 4 and 5, and vaseline alone by the No. 2. Three applications were made daily for about two weeks, then every other day for three weeks, a laxative, diuretic and tonic were prescribed.

At the end of the first application her symptoms were *very much* ameliorated, so much so that she had *no more* severe sneezing fits. In two weeks all sneezing ceased, and every symptom disappeared after three more weeks of treatment.

In May 5, 1881, she returned for treatment. After her last treatment, four years ago, she remained entirely well until the previous March, at which time she took several severe colds, which brought on a shortness of breath, resembling asthma. She now lives near Decatur, Ill., where she thinks she has taken more cold on account of the flatness of the country.

EARLY HISTORY.

Up to the age of 22 years, the time that she was married, she was always sickly. Had sore throat almost every winter, and a bad cough. Had headache until she was about 40 years old. Always had trouble in clearing her throat in the morning, and was sometimes quite sick at the stomach after and while coughing.

I treated her for chronic nasal catarrh. The treatment lasted until July. The first three days, once daily, then three times a week until June 11th, then twice a week until July 5th.

She has remained well since that time, but has received five or six treatments for her chronic nasal catarrh during Oct. 1883, and once in April, 1884.

These histories of my patients prove what I proposed to do, namely that pruritus rhinitis catarrhalis is one of the sequences of chronic nasal catarrh.

[TO BE CONLINUED.]

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

Stated Meeting, May 3d, 1884.

DR. RUMBOLD read a paper on,

HAY FEVER, ROSE COLD, JUNE COLD, JULY COLD, AUTUMNAL FEVER, SUGGESTING CHANGE OF NAME.

DR. LUTZ.—It strikes me from the fact of the various appellations used by different authors for the disease, that Dr. Rumbold wishes to introduce a new name because so little is accomplished by the treatment. Whilst we are all interested to know the appropriate name for any affection we may be called upon to treat, yet it occurs to me that the treatment of hay fever, autumnal fever, etc., should be more practical, and since Dr. Rumbold's experience, no doubt, is more extensive than that of the general practitioner, I suggest that he detail his treatment of those affections.

DR. RUMBOLD.—I propose to make that the subject of a future paper.

* * *

MONSTROSITIES.

DR. DICKINSON.—Some two months ago Dr. McKenzie, residing in Chester, Illinois, informed me that he had a specimen of exceeding interest, namely, that of an immature child, the features of whose face were duplicated, with the exception of the ears, and presenting other peculiarities. I requested him to send it to me for presentation to the society, or come in person and exhibit it and make such remarks as he thought proper. Dr. McKenzie has kindly done so, and is now here. I shall be happy to introduce him, and to obtain permission for the doctor to exhibit this specimen.

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On motion of Dr. Lutz the courtesies of the society were extended to Dr. McKenzie.

Dr. McKenzie.—This monster is the product of a woman of German descent, of good social position, and 25 years of age. She has been married three years, and in February 1882 gave birth to a well formed and healthy female child. She has dark brown eyes, dark complexion and hair, is of slender form and possessed of a nervous temperament. There is no history of the occurrence of twins in the ancestry of either parent. Upon being called to see this lady, who was supposed to be in the seventh month of pregnancy, and that premature labor was threatened. This fear was increased because a miscarriage was threatened during the previous gestation at about the sixth month. I pursued the course usually taken in such cases, but notwithstanding all my efforts, the symptoms became more pronounced, and on the 18th of the same month, the third day after being first called, I delivered the woman of this monster. It lived for half an hour after birth, and may be described as follows: In general, the head is single, but it has two faces, in which all the features are duplicated except the ears. It is not bicipital as is usually found in deformities of this kind, yet it has the perfect representation of two distinct heads joined together laterally. It has two chins, two mouths, both of which are affected with harelip, two noses and four eyes. The line of junction is entirely unique in medical history, and will be more readily understood by supposing a plane to be passed (external to, but touching the globe) vertically through the orbit of the left eye of one head, and the left section removed, and a similar plane be passed in the same manner through the right eye of another head, and the right section removed, and the remaining larger sections then brought into exact apposition. The eyes were perfect, each in its own orbit, and thus united, constituted apparently but one eye, elongated however, in a horizontal direction and furnished with a lid correspondingly elongated at its middle, showing a well defined line or raphé of union. The other two eyes, laterally situated, were perfectly developed, the lids of which also were normally formed. It had two ears, the manner of union forbidding their duplication. This monster is also affected with spina bifida. Had not this serious complication existed and been superadded to the other deformities, this product might have survived a much longer period. The fact that it did live for half an hour is demonstrative proof that the existing anatomical formation, though abnormal beyond precedent, was not incompatible with an independent existence. The mother found an instant solution for the occasion of this fearful calamity to her. She attributed it to a grievous emotion and shock which she received during the early period of gestation. At the time referred to she was in attendance upon a friend who, while in a state of great physical debility, was delivered of twins which were wan and sickly looking and of diminutive size. They, however, survived but for a short time. Their repulsive aspect, superadded to a most powerful agitation about the circumstances attending their death, and solicitude for the life of her friend, conspired to produce a strong and indelible impression upon her mental and emotional nature. This, with a high degree of improbability, is the fact which she regards as the occasion of the deplorable deformity of the product of her womb.

Dr. French.—I remember seeing a monstrosity of this character about two years ago, and in looking up the literature of the subject, I found that they were not very infrequent. I have frequently seen this order of things in the lower animals, calves and kittens, but have not met with it in my own practice.

Dr. Dickinson.—Since this subject has been brought to my notice I have searched through such works as were at my disposal, and I find nothing that would correspond to this specimen in respect to the singleness of the head and the duplicity of the organs of the face and their arrangement. This product, after birth, lived for half an hour. All the eyes, four in number, were perfectly bright and apparently well developed, and doubtless were capable of vision. The central ones were duplicated, and the two globes were complete, each being within its own orbit but lying in juxtaposition. The lids themselves show very plainly their conformation and also the line of union of the two. Of course the ears could not be duplicated on account of the manner in which the skulls are joined together. What the condition of the internal organs (e. g.) the brain, thorax, tracheas, etc., we do not know. This can be ascertained only by dissection. I will, in connection with this specimen, report some cases that I find in such works as I have seen upon the subject, and which seemed to me remarkable. I read from the work in Latin, of P. Gasparis Schottius, styled Physica Curiosa, published in 1567.

"Lycostheres collated many instances; among others, in the year 308 A. D., time of Constantine, at a village in the suburbs of Antioch, a child was born having a double mouth, double sets of teeth, with beard, four

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eyes, and very small ears. In Hostia, in 1503, a child was born having well formed limbs, but was entirely without ears, eyes and nose, and the only facial organ was a mouth. A child was born in 1555 at Geneva having a double face, as the ancients represent the god Janus. It had also two bodies, one of which had male organs and the other female. In an Italian city in 1624, was born a female child of perfect form except the head, which was of repulsive aspect. Beneath the forehead, having a corrugated skin were orbits without eyes, and, instead of a nose, a pyriform prominence of flesh occupied the middle part of the face. Beneath this mass of integument a portion of skin of quadrangular shape occupied the middle position and represented on both sides the eyes of a cock; one eye situated in the occiput was opaque and the other, clear and of human character, was situated above the coronal suture, but destitute of eyelids and cilia, instead of which was the ordinary hair of the head. In the year 123 A. D. Aldrovandus relates that a boy was born at Rome having four eyes. In the month of January, 1514, at Bonoma, a woman gave birth to a female having two mouths and four eyes. Aldrovandus makes mention of a monster having a double face, each of which had in the place of the nose a penis, and testicles in place of the chin, and in the extremity of a prodigious nose two eyes were seen. Its sex was uncertain. Also, a boy was born, which lived two hours, destitute of a nose, but had in the forehead two testes and a mass of integument resembling the privy member. It had six fingers on each hand, one of this bicorporate being was male, the other a female. Aldrovandus relates that in 1472 a female child was born having one head single, the cavity of the abdomen single, and completely double throughout the remaining portions, and that another monstrosity was seen having a single head and two complete bodies below the neck."

George Buchanan in his History of Scotland states that a monster was born in that country, which, below the umbilicus, did not differ from the common figure, but above this point all the portions were duplicated. In this monster occurred the remarkable circumstance that the two heads very often quarreled with each other. If the lower extremity was irritated, both bodies perceived it, but if one of the upper portions was injured the sensation of pain was perceived by the other, which was proof demonstrative that the upper portions of this monster were distinct and disjoined from the other, but that the lower portions were common to each upper portion. The King of Scotland caused this monster to be educated and instructed in the various accomplishments, and especially in music, in which it made wonderful progress, and it sang with great taste to the greatest admiration of all. It lived till the 28th year.

I saw some months ago a publication in the papers in regard to a child in Georgia that had a dog's head. The name of the physician was given, and I wrote to him, out of curiosity, to know what he had to say about it. He replied as follows:

"Dear Doctor—In regard to the account you speak of, I must say it is a great wonder indeed, but as to its being part dog and part man I don't know what to say to you. I will just give you a short account of the case and let you judge. The child is from an unmarried woman, her first, a male child. It presented pedalic extremities first and flexed upon themselves, and with a good effort I succeeded with great difficulty to deliver, and when I delivered it I found it perfect male up to the head and face. It has no mouth, no chin, and just where the mouth and chin ought to be, there is a something extending out like a dog or fox, or something of that kind, and its ears are down, under its jaws, or where its jaws ought to be, on its neck. Its eyes are not square across as usual, but diagonal, ranging from outwards and upwards, at an angle of about 45 degrees. The nose rested upon this (the human nose) and in the centre of this strange nose or proboscis is a little round opening about as large as a knitting needle. Now to elevate the face or head, and look it in the face, it does not look like a human and has some appearance of an animal, favoring a fox about as much as the dog, but the features are not that of a perfect dog. I must say I never saw anything like unto it in all my days. It is one of the great wonders of the age. I asked the mother if she got alarmed at a dog or anything. She said no. I cannot learn who or what was its father, as she is not very communicative upon that subject."

There was on exhibition in this city about a year and a half ago a boy of five years old, George Rehn. Here is a handbill showing the deformity. The deformity was not as marked as it is represented here. The second face was over the sacrum, just above the buttocks I have found a case recorded which corresponded somewhat to this, but the face was situated in the abdomen; it is as follows: "In Germany was seen a man of adult years, in whom another head arose from the umbilicus, which received food in the same manner as the natural mouth." I read this from the same work of Schottius which I mentioned before.

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Dr. Watkins.—The specimeu presented is interesting and instructive, but I will call attention to one fact, while this is a true monster and there are undoubtedly many, yet there are a great many of them which are reported as monsters that are not.

Some five years ago I delivered a healthy child with apparently two heads. The natural face and head was in perfect accord with nature, and right behind the ears, about where the occipital bone should be, was a distinct commissure, and growing from that was another head,the first looking directly backwards. It had features and forehead, everything was perfect as far as shape was concerned, except there were no eyes or nose. Every one who saw this pronounced it a distinct double-headed child; the child lived two days. I examined it post-mortem, and it was simply a serous tumor. If that case had been buried without examination, the opinion would always have been that it was a distinct double-headed child, with the exception of the formation of the features.

Dr. Dickinson.—I will state that I saw George Rehn and carefully examined him. This representation is an exaggerated representation. Of course, exhibitors like to display their wares and make as good an impression as possible. It is certain there was a protuberance at the site given, and a protuberance in the shape of a face. It was four inches long, and there certainly were depressions for the eyes and about the ordinary distance apart. There was also an elevation corresponding to the nose, and a depression also corresponding to what would be the mouth; there were no openings, however. And another thing is certain, it was very compressible and hard; resisting substances could be felt within this mass which were of the shape and position of the bones of a skull, and also sutures, which were widely apart and compressible. This is a very fair representation except its being more completely represented than was the fact. I would lke to ask Dr. McKenzie at what period of gestation the mother was at the time she visited her friend who had the miscarriage?

Dr. McKenzie.—She was between the second and third month.

Dr. Dickinson.—I reported one case where one was a male and the other a female, which seems not to agree with the views of parties discussing that subject sometime ago in this society, who claimed they were always of the same sex.

Dr. Hurt.—The idea of the common sex of two united individuals grows out of the German theory, that these double monsters are due to fissian of the ovum and not to maternal impressions or to the union of two ova that become united after fecundation. You will remember the discussion which was conducted here between Dr. Maughs and Dr. Dean, and I don't know but that I might claim the credit to some extent of having sprung the question, or at least drew out these two physiologists, who were much more competent to discuss the question than myself. But taking the view which is now the latest and probably the most acceptable one, of the origin of these monsters, those advocated by German physicists, the sex would naturally be the same. I have been rather inclined to believe in maternal impressions myself, and since that discussion I had an opportunity of glancing at a work by one of our most celebrated scholars and physicians in the United States, Dr. Wendell Holmes, in which he seems to advocate the fact of maternal impressions. The work is literary, or, you may say, a novel.

Dr. Dickinson.—I have a case here taken from the Wiener Medical Press, 1879, in which the child was born dead, the upper part of the body was single, the lower double. It had two faces on a single skull, which was about 13 centimetres wide (5 1-4 inches). Both individuals were not equally developed, one being 14 inches, the other 12 inches long. The external organs were absent; it had a large bifid spine; there were four frontal, four parietal and two occipital bones. The corresponding parts of the cerebra were united. The cerebella were separated. The organs of the throat and thorax were double, the œsophagus was single, the stomach also. The intestines were double but abnormally formed, and one anus.

In Gaillard's Journal is the following: "This monstrosity presented a combination of cyclopia and anterior hydrencephalocele. The fœtus corresponded in size with one of about seven months, and with the exception of the head and face, was well formed. From the anterior portion of the cranium there projected a rounded fluctuating tumor of nearly two-thirds the volume of the head of the fœtus. Pressure upon the tumor caused bulging of the anterior fontanelle, and a wave fluctuation was transmitted to the same point. On the lower surface of the tumor, at its junction with the head, was a slightly depressed, smooth, glistening and injected surface, at one portion of which was an opaque fibrous plate. The depressed surface was bounded by an elevated margin of an oval outline, in which were vertical yellow lines representing the meiboian follicles, and projecting from

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which were occasionally delicate hairs representing eyelashes. Subsequent dissection of the sac showed that the fibrous plate mentioned was a flattened hollow sac with pigmented contents; where the interior of the large cyst communicated with the interior of the cranium, the bones of the latter were somewhat everted. The face of the fœtus was flattened and smooth from the attachment of the tumor down to the mouth. The lower part of the face was normally formed. There was no appendage present corresponding with the proboscis so frequently attached to cyclopian monsters."

I will read a brief extract from the Annals of the Anatomical and Surgical Society of New York. This article is by Dr. Pilcher, in which he says: "Double monsters include only beings in which traces of duplicity in the cerebro-spinal axis exist. The method of their development is thus stated by Fischer: 'They are invariably the product of a single ovum, with a single vitellus and vitelline membrane, upon which a double cicatricula or two primitive traces are developed. The several forms of double malformation, the degree of duplicity, the character and extent of the fusion, all result from the proximity and relative positions of the neural axes of two more or less complete primitive traces developed on the vitelline membrane of a single ovum."

I believe that maternal impressions enter very largely into the production of these monsters; although this is a matter which cannot be demonstrated.

Similar to this is the double-faced chick: "The angle made by the converging facial planes is very acute, so that the two bills are nearly parallel, and but little separated from each other. The median eye, its palpebræ being single, presents two globes within its orbit, which are fused together."

A case is recorded by Schottius in which one of the duplicated monsters was white, and the other black; there was a perfect thorax and one umbilicus. This one lived three hours.

Dr. Bremer.—This subject of monsters is rather an obscure one, and I do not intend offering a theory on it; but I rise to take one exception to the assertion of Dr. Dickinson that these monsters are due to the impression received by the mother during gestation. I believe that monstrosities occur much more frequently among animals than among human beings. You see very frequently double-headed sheep, or sheep that have six feet instead of four, and in Paris, in the Jardin des Plantes, there is now on exhibition a cow which offers something analogous to the picture the doctor exhibited in the handbill; but, instead of the head being affixed to the hip, it is here on the shoulder of the cow. This appendage performs even a rudimentary function, inasmuch as saliva is flowing from its mouth all the time. But what I want to protest against is, the theory of impressions generating monstrosities. It is not to be supposed that sheep and cows are very impressionable. It is more a matter of intra-uterine hyper-plasia, or atrophy, or inflammation, than an impression on the part of the mother.

Dr. Dudley.—Will Dr. Bremer allow me to ask him one question: Why should there be an arrest of development in the body of this child and not in the head? how does that come?

Dr. Bremer.—Well, of course, what I have advanced here is nothing but theory, and I cannot answer all the questions that might arise on the subject.

Dr. Rumbold.—I presume quite a number of the members will remember the illustration I had in the St. Louis Medical and Surgical Journal that was taken from a photograph of a woman who was burned to death. She was pregnant, and, before she died, gave birth to a female infant, and on the infant were almost identically the same marks, looking like blisters on its hands, face and body, as that of the mother. This occurred in New York; the patient was taken to the Bellevue Hospital, and was photographed after she died It was published in the American Journal of Medical Sciences. I sent for, and got the electrotype and published the whole history in my journal.

Dr. Bremer.—I would like to ask the doctor, of what nature the inflammation was on the body of the child; you say there had been an inflammation there, that there were blisters; it certainly could not have been blisters from burning.

Rr. Rumbold.—It was witnessed by a number of physicians. The marks could not have been burns, but there were indications as if there had been a burn, and to make it certain that it was a genuine case, the physicians present signed their names to the report. An instance of the kind has never appeared before in the history of mother marks, as far as I know.

Dr. Bremer.—Even professional men will hanker after the mysterious. It is something innate in our nature, and every case that presents a monstrous feature will be remembered for generations, whereas, something that is natural, of course, is soon forgotten. I do not see how the inflammation of the skin of

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the child, or the formation of blisters could have anything to do with the wounds arising from burns in the mother. It is contrary to all physiological laws. It would have been more natural to infer that the case related by Dr. Rumbold was one of simple pemphigus. This disease is not so very infrequent in new-born children, and the locality of the patches was rather a coincident than sequela of the mother's injuries. I suppose this question has been discussed time and again in this society, and I, probably, will be reiterating that which has been said before me. If all the cases in which during the first months of gestation mothers are frightened, and very badly frightened, were recorded, and then the monstrosities that are born in the world counted, we would find that the proportion between the number of frights and of monstrosities is exceedingly small, and that there can be no possible relation between the mental state of the mother during the first months of gestation and the predominance of these monsters. Mr. President, the subject reminds me of an every day occurrence. If a person dreams and the dream is verified it is remembered ever after in life. But the number of dreams is enormous and they are usually soon forgotten, whereas those few that are accidentally followed by an apparent verification are remembered and talked about afterwards. So it is with these monsters born of women that were frightened.

Dr. Watkins.—I cannot but agree with Dr. Bremer in his ideas on this subject, because it is a fact noticed by many obstetricians, that in every hundred ladies delivered of children almost the first question asked by ninety-two of them will be:

"Is the child marked or deformed, doctor?" and if you will ask them if they can assign any reason or cause, ninety-nine out of a hundred will do so. They will state that they had some fright or something happened during pregnancy which certainly gave them reason to believe that the child would be marked or deformed. Only a few months ago I saw a case of severe burn in which the man was a most horrible and frightful object. After he received his injuries his wife, who was then in about the third or fourth month of pregnancy, came in contact with her husband almost immediately after he was burned when he presented this fearful condition, and she received a great shock; and it was universally expected among all her acquaintances that when that child was born it would certainly be marked or deformed. I delivered her last week of as finely a formed child, free from blemish, as could be wished for. There was one case in which this shock or fright had no effect whatever. She is a very intelligent lady, very susceptible to impressions. Perhaps five times as many cases in which fright is received are not deformed as there are in which any deformity occurs. I think that we have pretty poor grounds to base a theory on.

Dr. Dickinson.—I do not consider the absence of this sequence necessarily militates against the possibility or the probability that external objects, especially those of repulsive aspect, do powerfully impress the pregnant woman. This is no observation that has arisen within a few years. It was entertained for a thousand or fifteen hundred years before the Christian era. It has been noted from that time to the present. It is something that has come down to us through the ages. Though we cannot establish it positively, and it is not a matter which can be demonstrated, yet instances do occur which seem to be the natural sequence, which seem to be sufficient to justify and authorize the belief that there is some connection, whatever it may be. I appeal to any one present whether you would not prefer to have a pregnant woman surrounded by attractive paintings, beautiful pictures and statues and other objects of beauty, or whether you would surround her with objects which are repulsive, and why will you then seek to avoid the latter if no influence is or can be exerted? Is it not on account of the possibility that this sequence in question may result? I think the subject is instinctive and not traditional.

Dr. Dudley.—In this connection there is another very important question, that is whether any of the gentlemen have known of a well authenticated case of malformation in which there had not been any serious impression made upon the mother during pregnancy.

Dr. Watkins.—I have been, within two weeks from the time of the delivery of the supposed double-headed monstrosity which I related a few moments ago, called to see another case with a brother practitioner, of a badly deformed child. The entire cranium was wanting. Now the lady that gave birth to this object was the sister to the physician, and a very intelligent lady, and he with her assistance, traced back during her pregnancy every conceivable object with which she might have been brought in contact without discovering a single iota of history as to what produced it. In the first case that I related the doctor stated that the woman was fishing with her husband and a turtle came up right by the side of her line very suddenly and frightened her. There was nothing in that case but hy-

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drops, nothing more or less than dropsy of the meninges of the brain. But in this last case the cranium was gone, there was no history of fright whatever to establish the cause.

DR. LUTZ.—I have just one case that came under my observation. The mother gave birth to a child; she attributed the deformity to a fright she had received from a hog when she lived on a ranch in Texas. I was called to see this lady during confinement on account of some difficulty of the descent of the head; she was attended by a midwife. The os was thoroughly dilated, the head in the superior straight. On introducing my hand I found a very peculiar condition of affairs; I could feel one ear as I remember now. The head was so shaped that it seemed difficult to apply my forceps. I delivered the woman of a child which she carried for eleven months. Of course I am not prepared to verify her statement in that regard; she said she carried it for eleven months. In this case the calvaria was entirely absent, perhaps only half an inch behind the ears. The cavity itself containing nothing but two small masses of brain substance situated in both middle fossæ on the the margin, each one being about the size of a large pigeon's egg covered by a membrane and the integument, what would have been the scalp, covered the brim or the cavity, and gradually was blended into the membranes covering these two masses in both middle fossæ. Of course the child was dead when it was born, and the woman told me that was her fifth pregnancy. As I remember she stated that in her third pregnancy she had given birth to a child similarly deformed. I was not prepared then to offer any explanation for it, nor am I now. I then thought it was an arrest of development. Whether this is correct, or whether its deformity was due to inflammatory condition of the head resulting in absorption I don't know; I rather think not. It occurred to to me that the brain itself had not been developed. I only offer this as a case that came under my observation in which the woman claimed it was due to a fright. On the other hand we have many deformities, as Dr. Watkins has mentioned, in which there is an arrest of development or supernumerary portions of the body in which no connection can be traced to any possible fright during gestation. It is common belief, and apparently, from what I can learn, a belief indorsed by the profession, that during gestation certain impressions can be made upon the fœtus. Now how this is possible I am not prepared to explain. I don't know whether there is any nervous connection between the mother and the child. I don't know whether the umbilical cord contains nerves such as would transmit an impression from the mother to the child, or whether it is possible that an impression can be conveyed merely through the blood I don't know; this question I am not prepared to answer. At any rate I think it is pretty well established that there is no nervous connection between the mother and the fœtus.

DR. MCKENZIE.—I saw a case a few years ago in which a lady gave birth to a child similar to the one reported, with the absence of both radii, the ulnæ alone being present in the arms. I know had that occurred a few years later there might have been a cause assigned, from the fact that the mother of this child is the sister of the woman, the aunt of the girl, and daughter of the man who was murdered by Louis Tockstein.

If this accident had occurred subsequently to this murder this would probably have been assigned as the possible cause.

CHICAGO MEDICAL SOCIETY.

Chicago Medical Society held its regular meeting at the Grand Pacific Hotel Monday, May 19th, Dr. D. A. K. Steele in the chair.

Two pathological specimens were exhibited and their peculiarities described. One a mono-cyst of the ovary by D. C. T. Parkes, Chicago; and an unusually large tumor (myoma) taken from the left lateral wall of the uterus by Dr. E. C. Dudley. It would be impossible to furnish details of the latter case without taking up more space than is at our disposal for the present. The size of the tumor, thirty-five pounds, of the kind, is unique, associated with the recovery of the patient. And, although the patient was not at the time of reporting discharged, her condition is such as to warrant one in classing it among the cases of recovery. The case is the more interesting on account of the existence and removal of a second tumor situated almost on the opposite side of the uterus, only lower down. One special point of interest in the case was the amount of rubber ligature which was necessary to secure the very broad pedicle by which the larger tumor was attached to the uterus, and the fact that this rubber cord was dropped into the abdominal cavity, and the satisfactory result obtained. This result was obtained, however, only by the reopening of the wound to give exit to a large amount of pus, and finally by establishing a permanent drainage through the cul de sac of Douglass. The rubber cords were finally extracted from these openings.

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After the discussions on this paper the report of the committee on legislation was given (see paper next week).

CORRESPONDENCE.

LONDON LETTER.

To the Editor of the Review: — Public attention has lately been recalled to the Medical Bill now before Parliament by the Action of the Society of Apothecaries. Should the Bill pass that ancient body, some would call it a venerable one will be doomed to die of inanition at no very distant date, for its power to grant licenses to practise will be taken away, and it is not to be allowed to send a representative to sit at the General Medical Council of the future. It is no matter for surprise then that the Society is trying to get up a petition among its licentiates to protest against the Bill, and to petition for its recognition by being allowed as heretofore to have a representative on the General Medical Council, and so still have a voice in all questions relating to medical education. That it will succeed in getting any large measure of support from its licentiates is at least open to doubt, for most of those to whom it is now making this appeal have since taken what are justly considered higher qualifications elsewhere and are not proud of, even if they are not actually ashamed of their connection with it, and an utter indifference as to what becomes of the Society will prevent many of the others from signing the petition. The Apothecaries' Society however is one of the city companies and as such of course possessed of a good deal of influence in certain quarters, and that influence will doubtless be applied to the utmost to prevent the passing of the bill as the bill is also being opposed by the Scottish corporations, and is receiving at most not more than a lukewarm support from the English bodies, it is highly probable that it will not become a law this session. If the Government were really determined to carry it, there is no doubt that they would succeed,but they have not up to the present shown any such determination, and the effacement of The Society of the Art Mystery of Apothecaries, to give it its full title is thus likely to be postponed. But it is only a postponement, sooner or later the power to grant licenses to practise must be placed in the hands of a single central body, instead of in the hands of 19 examining bodies as at present, and then the qualification of L. S. A. will become a drug in the market.

The same unwillingness to accept the inevitable, has more recently been shown by the behavior of the College of Surgeons. In March last at a general meeting of the Members and Fellows, resolutions were proposed and carried suggesting that a voice in the management of the affairs should be given to the members, and that the President should be elected bv the general body of Fellows. At present the Members have really nothing to do with the College, which is governed by a Council elected by the Fellows from amongst their own numbers only. The president holds office for one year, and the post is always given to the senior member of the Council who has not already held the office,so that a man who has once been fortunate enough to be elected a member of the Council,has only got to keep his health,and take care to do nothing which might endanger his re-election, and he is sure ultimately to succeed by the effluxion of time,to the very honorable distinction of President of the Royal College of Surgeons. These useful reforms the Council have now rejected, and they have thereby afforded those who are dissatisfied with the present state of affairs with a very good battle cry for the next election to the Council which takes place in July, when it may be pretty confidently expected that some of the present Council will fail to retain their seats, but have to make way for men less narrow minded than themselves.

The work of our scientific societes is nearly over for the present session, for they only meet from October till June, but it would not appear that there is any lack of material, as the President the other night was talking about an extra meeting being necessary if all the papers were to be read that had been offered, and the Pathological Society have issued a terribly long programme for their final meeting next Tuesday. At the last meeting of the Royal medical and Chirurgical Society. Dr. George Harley, whose name is probably familar as the author of a work on diseases of the liver, a work by the way much more favorably reviewed by the American than by the British press, read a paper entitled, "An easy and safe method of sounding for impacted gall-stones." The paper was based upon a single case and how far the method deserves to be called either easy or safe can be judged of the history of that case itself. The patient was a lady, aged 36, who had some symptoms of obstruction of the common bile duct. Dr. Harley inserted a six inch long exploring trocar midway between the umbilicus and the margin of the liver two inches to the right median line. Its point being pushed upwards and backwards to a depth of six inches, its point struck a hard substance presumed to be a gall-stone. An endeavor was made to estimate the size of the stone by pressing the end of the cannula without the the trocar against the hard substance and moving the point all round it, the inference was that the stone was the size of a hazel nut. The instrument was withdrawn, and the puncture closed. The signs of obstruction began to disappear, and it was supposed that the operation has caused the stone to change its place in the duct, and had enabled it to pass into the duodenum. A few days later enteritis set in and the patient died of peritonitis twenty-seven days after the operation. Dr. Harley claimed for his plan:

1. That the presence of an impacted gallstone may be readily as well as safely ascertained in the way described.
2. That not only the position, but, even the size and shape of an impacted biliary calculus may be instrumentally ascertained.
3. That a knowledge of these facts may possibly induce surgeons to undertake the earlier artificial removal of dangerously impacted gallstones than heretofore, an operation in his opinion no more hazardous, under ordinary circumstances to the life of the patient than that of lithotomy.

In the discussion on the paper the speakers were tolerably unanimous in regarding the operation as described by Dr. Harley as neither easy nor safe, an opinion which will be shared by those who have read the abstract of the case. It is quite possible that a means for exploring the gall-bladders and duct will one day be devised which shall be at once safe and sufficient, but Dr. Harley's method can hardly be spoken of in these terms.

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The Health Exhibition which its promotors doubtless hope will prove as popular as its predecessor, The Fisheries, did last year. has been opened, but it is still in an very unfinished state. The exhibits of most interest to the medical profession are those relating to the construction of healthy houses, to their ventilation and drainage, to the various systems for the disposal of sewerage, the model dairies, and the food department generally. The general public are most attracted by the reproduction of an old street supposed to be about the date of the great fire, as a matter of fact the periods have been rather mixed, some belonging to the fourteenth century, others being as late as the seventeenth. JOHN ABERCROMBIE.

LONDON, May, 1884.

ITEMS.

Dr. Koch is to receive a professorship it Berlin.

Tubercle bacilli have been found in the blood of three patients who died from general tuberculosis.

In Paris, the students who devote their attention to the microscope are furnished with instruments, gratis.

Traumatic Erysipelas from the scratch of a pin on a child eight months old with death in forty-eight hours was reported by the deputy coroner of New York.

Periodic hemorrhage into the anterior chamber is reported in the Deutsch. Med. Zeitung. Feb. 25. 1884. It ceased regularly as soon as the menstrual flow became established.

Ambulances for the transportation of patients afflicted with contagious diseases are now being in daily use in Paris. After each trip the wagon is thoroughly disinfected.

Blistering with small vesicating plasters about the size of the human iris with a central hole and similar to the pupil is recommended by Mr. S. Stretton, in the British Medical Journal.

Dr. Kingsbury reports a case of acute urticaria, in which the the temperature rose to 102° F. The entire body was covered with wheals and the whole trouble disappeared in three days. Was it urticaria.

Dr. M. Heath of London. thinks the separation of the fragments of the patella due not to muscular action but to presence of fluid in the joint. He aspirates when necessary but prefers to put the knee at once in a plaster splint.

The faculty of the Medical College of Ohio has decided to hold a preliminary examination of all candidates for admission to the lecture classes. in the absence of a diploma or other evidence of sufficient literary training. A chair of hygiene has also been added to the curriculum.

A good deal of the difficulty which has been attributed to the consumption of ergot in bread seems now on more accurate investigation to be due to the development of the ptomaines resulting from the decomposition of the flour.

Perfect specimens of the folded leaves of the willow, of the flower of the corn-poppy. etc.. have been found by Dr. G. Schweinfurth in the sarcophagi of Egypt enclosed 3.000 years ago. and yet they exhibit no characteristic by which they could be distinguished from those growing at the present day in the same neighborhood.

Dr. Edward Borck will leave St. Louis. June 10. and sail from Quebec on the 14th. to attend the International Medical Congress at Copenhagen. The doctor will make quite an extensive tour in this country and Europe. He is a delegate to the Congress from the Am. Med.. Miss. Val. Med.. Mo. State Med.. and St. Louis Medical Societies. At Copenhagen. he will read a paper to "Prove that Congenital Malformations Depend More upon Mechanical Injuries than any other Causes."

The Medical Record says: "It appears to be the custom among instrument-makers in this. and, we presume, other cities, to give the physician who sends them a patient to be fitted, a certain tain per cent. on the profits."

We have heard of such proceedings in the west. The odium of the proceeding however rests upon the doctor and not on the instrument maker. The latter makes a low estimate of his man before he offers such per centages.

PATENT MEDICINE PÆAN.

Phew! I breathe again freely, that Warton has failed
In his scheme, which my bread and cheese fairly assailed.
The Commons of England are still on my side;
Humbug reigns triumphant, with Death at his side.

I confess that it was with a faint trembling heart
I saw this attempt made to give me a start;
Still I felt pretty safe. and the maxim be praised,
An abuse must remain when a party cry's raised.

How I laugh in my sleeve when the poor C. & D.,
Who exams., has to pass, and pay many a fee,
Before he can mix up an innocent pill,
Or in other ways trade and bring grist to the mill.

By the pound and the gallon I poisons can buy,
And openly sell them, and no one ask why;
Still with law on my side I am happy and gay,
Though a coroner's inquest occur every day.

So here's to the Act (may it ne'er be put down!)
Which allows me to poison and gull for a crown:
Confound all reform and each meddlesome cuss.
Who would try to save life by thus making a fuss.

—Chemist and Druggist.

IODOFORM IN ERYSIPELAS has been used with most satisfactory results by Mr. C. Clark Burman, (Practitioner). He paints the inflamed skin with Iodoform-collodion, one to ten, claiming that it at once alleviates the burning pain, and promptly arrests the progress of the disease.

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THE WEEKLY MEDICAL REVIEW.

VOL. IX. NO. 24. CHICAGO AND ST. LOUIS, JUNE 14, 1884. TERMS: $3 A YEAR.

INTERNATIONAL MEDICAL CONGRESS.—The rules and programme of the above congress have just reached us, and we envy those who are fortunate enough to participate in its privileges. The programme as it now stands is rich with eminently practical subjects, and from the definite rules laid down, we doubt not that the meeting will be of considerable value and interest to those present, and through the press to the profession the world over. The first meeting takes place Sunday, Aug. 10th, and the congress closes on the following Saturday. The general sessions take place from 4 to 5:30 P. M., and the sectional meetings from 10 A. M., to noon and from 1 to 3 P. M. Extraordinary sessions for addresses of a popular character take place also in the evening.

The various sections of medicine are well represented by the profession of Europe, whilst only four Americans appear upon the programme. In view of this fact we should scarcely think it likely that the congress will conclude to accept the invitation to hold their next meeting in America. The speakers of the congress have the choice of three languages English, French or German.

THE STUDY OF ALBUMINURIA will unquestionably be advanced by the united efforts of the various workers of the collective investigation of the British Medical Association. The study has, of late, excited more than usual interest on account of the fact that a certain quantity of albumin has been shown to be present in the urine during the activity of certain functions as well as after violent exercise. Moreover, a writer in one of the English journals leads us to infer that it is a constant association of masturbation, or, rather, that when a rachitic child develops albuminuria, masturbation may be inferred. We do not wish to be understood as indorsing the opinion, but refer to it in connection with the following questions, which are submitted to the profession by the Collective Investigation Committee, in their efforts to elucidate the question of albuminuria in apparently healthy persons:

Initials. Sex. Occupation. Age. Age at which albumen was first discovered in the urine.

What circumstances led to its detection? By what tests was its presence demonstrated? What was its proximate amount? Duration of albuminuria? Was it constant or intermittent? If intermittent, what circumstances (if any) appeared to determine or favor its appearance? Was the person robust or delicate? Was the general health undoubtedly good? Has it always been so? Have there been other ailments? If so, what were they? Was the individual of active or sedentary habits? If a female—had she previously borne children? If so, how many? Could the albuminuria be traced in any way to pregnancy? Was the person addicted to any injurious habit? Did the albuminuria bear any relation to food, to exposure, to cold, or to bathing? Is there any family history of gout or of Bright's disease? Has the person suffered from gout? Had the patient previously suffered from scarlet fever? If so, at what age? Was it followed by albuminuria? What was the subsequent history of the case? (Note especially the nature of any illnesses, whether at any time there was dropsy, or any other symptom of Bright's disease, and the cause of death, if it has occurred.)

If the subject remained in good health, state the length of time he was under observation.

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Unpardonable Neglect of Ear Affections by Men of High Standing.—The British Medical Journal, April 26, 1884, contains a very instructive article from the pen of J. S. Bristowe, M. D., F. R. S. Physicians to St. Thomas' Hospital, London. The subject of the paper is "Remarks on Unrecognized or Masked Cerebral Tuberculosis." The remarks emanated from a study of five cases. Two of these cases seem to have been associated with violence done to the head. The other three cases were associated clearly with suppurative discharges from the middle ear. Autopsies followed in all cases.

We intend simply to draw attention to the third case published. In order to do justice to the author and make the subject intelligible to our readers, we quote the 3d case *in extenso*:

Case III. Caries of Temporal Bone: Facial Palsy: Tubercular Tumor in Brain: Pulmonary Tuberculosis: Death, apparently from Exhaustion: Necropsy.—Mary C., aged two years and a half, was admitted under my care on May 31st, 1883. She had had measles and whooping-cough, and for a year had suffered from a discharge from the left ear. Three days before, without obvious cause, her face became drawn to the right. She had not suffered specially from earache; and she had had no headache, no drowsiness, no squinting, no vomiting.

On admission, she was pale, but not emaciated. She had an offensive discharge from the left ear, and complete paralysis of the left portio dura; but there was no other paralysis; and, excepting that the child had a slight cough and a little occasional coarse crepitation over both lungs, she seemed healthy.

She gradually became weaker; but there was very little further change in the child's condition during the month she was in the hospital. The ear continued to discharge profusely, but she had very little pain in it, and no swelling or tenderness in the neighboring parts. The facial palsy remained unchanged. She was inclined to be drowsy, but was not irritable, was perfectly sensible, and never had convulsions or any paralysis save that of the portio dura. She had no sickness; took her food fairly well, excepting towards the last; and her bowels were regular. Her pulse and respirations were rapid; and her temperature presented remarkable variations; in the morning, it was always subnormal, ranging usually from 95° to 97°; in the evening, it was almost always between 102° and 103.8°. On two or three occasions, the evening temperature varied from 99° to 101°. Her cough, though not very troublesome, continued to the last. The tache cerebrale was always producible. The ear was examined on two or three occasions; but the discharge was so profuse, that no clear view of the bottom of the meatus could be obtained. During the last few days, she became very weak and very drowsy, and, without any special symptoms, died, apparently from exhaustion, on the morning of June 30th.

Necropsy.—The body was much emaciated. The dura mater was firmly adherent to the skull, especially in each temporal region. That over the left temporal bone was a little thickened; and there was a slight amount of inflammatory lymph between it and the bone in this situation. The convolutions were flattened. There was no congestion or inflammation of the pia mater, and no appearance of miliary tubercle. The substance of the brain was soft, and the lateral ventricles contained a large quantity of serous fluid. In the right superior parietal lobule was a caseous tubercular mass as large as a small walnut; this was imbedded in the brain substance, and extended almost to the outer edge of the lateral ventricle. Two similar masses, each of the size of a pea, were found in the left occipital lobe, at its extreme posterior edge. The left temporal bone, at the junction of the squamous and petrous portions, was superficially carious, granular, and presented pin-hole perforations. The external surface of the temporal bone, adjacent to the attachment of the pinna, was in a similar condition. The external meatus was completely bare and carious. The aqueductus Fallopii was involved in the carious and necrosed bone, and the facial nerves were destroyed. There

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were no traces of the auditory ossicles. The carotid canal and jugular fossa were not affected. The lungs were adherent by old adhesions, and thickly studded with caseous masses. In the apices were many small cavities. The bronchial glands were enlarged and caseous. The mesenteric glands were caseous. The remaining organs were generally healthy.

Can one conceive of a more aggravating report of a case than this, especially to one who sees rising before him the magnificent pile of buildings, St. Thomas's hospital, London, with all its excellent appointments—in which the case was treated? The picture is simply this:

Scene 1. A helpless child two years and a half old has been unnecessarily suffering for twelve months with a discharge from the left ear; suppuration has extended so that it affects the facial nerve of the same side; no other paralysis—in other respects the child seems healthy.

Scene 2. Dignified and titled visiting physician, surrounded with several assistants and nurses, examining the ear: "The ear was examined on two or three occasions; but the discharge was so profuse that no clear view of the bottom of the meatus could be obtained" !!!!

The ghost of Toynbee flits across the scene, hiding his face in shame at such a statement.

Scene 3. One month later: The little child is dead, and those who neglected it get the benefit of an autopsy.

We emphatically say that should our local board of examiners, here in the West, put a similar case to one requesting permission to practice medicine, and should be told that the discharge from the ear may be so profuse that no clear view of the bottom of the meatus could be obtained, that the examiners would not be justified in granting to such a candidate the requisite diploma. This is one of the many cases which occur in which the fatal result seems clearly referable to neglected middle ear suppuration. In the first of the five cases referred to, Dr. B. preaches a sermon, justly enough, to the school master who "boxes" the child's ears; but if a slight box on the ear is capable of doing so much injury, how much greater injury must we expect from the persistent uncontrolled, fetid pus bathing the middle ear, the ossicles and the tender undeveloped membranes protecting a child's cerebrum? There never was a discharge from the ear so profuse but that, with a little patience, a small amount of absorbent cotton, and a probe, a little water and a syringe, supplemented with a head mirror and manipulated with what the American vernacular calls "gumption," the bottom of the meatus and even a good deal of the middle ear could be brought into good view. We cannot speak too earnestly about these neglected ear cases; and were such cases neglected only by the charlatan, it would be endurable, but no, they are neglected by those who are honored with the practice of the cream of society! It is true, tubercle was found in the brain; but question: is not a twelve months chronic discharge from the ear of the most profuse variety sufficient to bring about that "disposition" upon which tuberculosis or anything else can engraft itself? It is also true that the lungs are said to have been studded with caseous masses, but they also were of late development, as, by confession in the discussion of the case, they were not suspected. Even should the tuberculosis have been recognized as primary, which we think any one will doubt, who reads the case, there would then be no excuse in allowing the ear to be bathed in pus, and that too, in view of the presence of facial paralysis, not infrequently associated with such a condition.

Goltz on Cerebral Localization.—The Berlin correspondent of the Canadian Practitioner writes as follows: The well-known Strasburg physiologist had the largest audience of the congress, partly attracted by a desire to see one of his celebrated dogs which he had brought with him, and partly because it was hoped that a very lively discussion would follow. He went over the same ground as at the International Congres in 1881, and demonstrated to the satisfaction of all the members that destruction of the motor area in

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the dog did not induce permanent paralysis, but that the animal could stand, and run and perform various voluntary movements almost as well as a normal animal. But the movements were often clumsily effected. Thus an animal with extensive destruction in both frontal lobes could not gnaw a bone so well, and could not hold it down cleverly with the foot. In grasping a piece of meat held up before him, the dog would do it awkwardly as if it did not know how to estimate properly the degrees of muscular effort required. An interesting result of extensive operations on the cortex is the alteration in character of the animals. With extensive lesion of the frontal lobes they are exceedingly cross and vicious, will bite and snap at persons with whom previously they were on the best of terms. On the other hand, with lesions of the posterior lobes, the animals are quiet and docile, even if they have previously been bad tempered. The animal exhibited had the so-called motor centres removed on both sides in October last. The next morning the brain was demonstrated and the lesions were found to be symmetrical, and involved the superficial part of the organ about the cruciate sulci. The lesion was scarcely as extensive as had been expected, and in each hemisphere it is quite possible that part of the motor centre remains.

It is evident that in the dog permanent paralysis does not follow extirpation of the motor centres—this Ferrier admits—but it seems quite as evident that destruction in monkeys of the convolutions bounding the fissure of Rolando does produce a permanent paraplegia of the opposite side. It seems a pity that Prof. Goltz cannot be provided with monkeys in which to go over the experiments.

ADVERTISERS WHO WANT NOTICES are the bane of medical journalists. Such requests are made by those who do not appreciate the meaning of respectable and honest journalism. The REVIEW does not admit to its reading or editorial columns any matter that is paid for, directly or indirectly, to do so would be a fraud upon its readers. The advertiser makes a contract for a definite amount of space to occupy a specified place, and has no right to ask for more than he bargains for. Readers are not so obtuse as to be deceived for any length of time, and deception will, in the end, redound to the injury of both journal and advertiser. We will always be pleased to receive the patronage of respectable business houses, and are sure of our ability to give a *quid pro quo*, but want it distinctly understood that we do not mix the reading with the advertising department. Moral: Do not ask for notices.

ADVERTISING QUACKS, as a rule, are as ignorant as they are unscrupulous, and it is a matter of astonishment that they can carry their impositions to the extent which they do. It was Dean Swift, we believe, who said that England had a population of thirty millions—mostly fools. The witty Dean's sweeping assertion applies to other countries and other periods, at any rate, the success of ignorant knaves presupposes the existence of a vast ignorant constituency. In our "correspondence" column will be found a case reported by Dr. C. H. Hughes, of St. Louis, of a patient suffering from an obscure form of nervous trouble; this patient, as many others do, wrote to several advertising doctors, and, through the courtesy of Dr. Hughes, we are enabled to present a couple of the answers received. The following is a literal copy of the first letter:

Merrill, Wis., Ap 3 1884

My friend i riced Mah 25 your later i find your liver is bad and back is weak and that What maks all your trauble your loungs is not stroung and if you want medicien you send $5.00 dolers and i well send you medicien anauf to last you a longe time i will send it by maile Yours truly

Dr William Cimos
Merrell Wis

Number two is not shaky, as far as orthography is concerned, but is evidently as big a scamp as number one.

N. 2201 ST. ALBAN PL.
Apr. 16, 84.

My Dear Sir:

Dr. Mitchell is out of the city—but I act in his absence.

Your trouble seems clearly to be one of ca-

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tarrh of the small intestine—presumably of the duodenum.

The first thing to do is to take food enough to keep you well nourished—but food which can be readily digested

Take, at meal times, little solid food—except *broiled* meat—(never any fried or boiled) —stewed fruits and vegetables abundantly soft boiled eggs—and bread one day old.

Avoid sweets *no—fried food.* Drink *milk* with food.

First thing in morning and last thing at night rub the belly for *two* minutes just below the border of the ribs for a hands breadth, with the salve—(Prescription No. 1).

W. J. Bowles - - - - - 416 D

℞ - - - - - - -

Ung Iodin Co - - -	℥3
Ung Hydrg - - -	℥2
Ung Belladon - - -	℥1
Ung Petrol qs ad - -	℥1

Sig. apply twice daily.

J. W. T.

Go to bed early—8 or 9—Take the enclosed prescription (No. 2) a teaspoonful in water—(half a glass water) before each meal

Mr. Bowles

℞ - - - - - - - -

Acid Nitro-Muriat dil -	℥6
Tr. Nucis Vom - -	℥ss
Aq. Cinamoni - - -	℥3

Sig. ℥1—in half glass water before each meal

J W T.

Do this for two or three weeks—and then write me again and I will direct you further—

Exercise freely in the open air—but dont over fatigue yourself.

When you write again tell me about your bowels—the color and appearance of the stools, if any slime be in them—

Are there any indentations on your tongue —as if made by the teeth?

Have you still bad taste in the mouth—headach—etc

my bill for the advice is $5—

Yours truly

J. Madison Taylor

REPORT ON ONE HUNDRED AND TWENTY-EIGHT OVARIOTOMIES by Dr A. T. Krassowski as reported in the St. Petersburger Medicinische Wochenschrift furnishes us a good insight into the various interesting features of ovariotomy and the percentage of recoveries in Russia or rather in St. Petersburg. The whole number of cases is arranged is a well devised table in which every conceivable complication or peculiarity seems to have been assigned a column. One of the first things that strike us, however, is the remarkable mortality associated with the operation in St. Petersburg and its suburbs. A mortality of 45 per cent in any operation, such is the result, is a terrible showing especially alongside of the admirable results obtained in the British Isles. It must, however, be remembered that the mortality of St. Petersburg is higher than almost any city in the world and consequently we should also expect that the mortality in cases of ovariotomy would also be greater. It must also be remembered that it embraces a period of years beginning with 1862 and ending with January 7, 1883. Notwithstanding this, however, we we should scarcely expect a mortality of 45 per cent. Among the various items developed is one which, we think, particularly interests us as Americans, namely, the peculiarity associated with the mortality by months. In order to show this, we show the number of operations per month with the mortality;

Month.	Operations.	Per cent Mortality.
January,	3	66.6
February,	8	50.0
March,	16	43.7
April,	10	20.0
May,	23	60.8
June,	11	36.0
July,	5	0.0
August,	7	14.0
September,	16	56.0
October,	17	41.0
November,	2	50.0
December,	10	70.0

The author refers the more favorable results obtained during the months of April, June, July and August to the more favorable weather usual in those months. Whilst this may be so indirectly we are disposed to refer the more direct effects to that of ventilation. At any rate if we may take these statistics of Dr. Krassowski as a sample of Russian results, and compare them with the English statistics, which are so favorable that we might safely put them at not higher than 15 per cent, then find the all important

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question of ventilation in the two countries so radically different especially during the colder months when the mortality in Russia is the greatest, we might for the want of a better explanation, be excused for charging the difference to that of inefficient ventilation in Russia. In Russia, the rooms are always protected in the winter with double,and frequently triple windows, and an open fire place is a thing almost unknown. To heat the rooms a fire is made in the stove built frequently in the wall, the opening to the stove being frequently outside of the room, and as soon as the stove gets thoroughly hot the door is hermetrically closed. In England, on the contrary,double windows are scarcely known and a room of any kind without an open grate would be a monstrosity. THE REVIEW would like then through its esteemed exchange, the St. Petersburg Wochenschrift to suggest to Dr. K. that the means of ventilating the room in which the operations were performed and the patients subsequently treated, should have been assigned a seperate column.

It is this question of ventilation which interests us also as Americans. We are daily learning to appreciate more justly the value of a ventilating flue of some kind in a sick chamber, or any chamber for that matter, but we do not yet sufficiently appreciate its value. This question of heating with steam dispenses with the nececessity of a supply of coal and its necessary ash and dust; but it is a question whether the convenience is not very dearly paid for. Personally, we think a ventilating shaft in every dwelling chamber should be as much an object of concern to our hygieneic authorities as the orthodox condition of the sewers. But, however, our hygienic authorities look at the matter, we claim that no surgeon is justified in performing a capital operation in a room without a ventilating shaft, and a supply of air taken directly from the outside world and not through the corridors.

But what is true of capital operations is also true of minor affections. An improvement which, when it can be applied, will shorten the period of convalescence in a patient on whom a capital operation has been performed will diminish the period of sickness in a less grave case and constitute the turning of the scale in cases of equal gravity.

THE EXPERIMENTS OF CUMBERLAND THE MIND-READER, who astonished the inhabitants of all the capitals of Europe by his wonderful feats and finally came partially to grief at Vienna, have been repeated by Richet, of Paris. One of the hitherto incomprehensible achievements of Cumberland was to find, blind-folded,the place of a hidden object, provided he was conducted around in the neighborhood of the place by the person who had hidden the object. The conditio sine qua non of the success of the experiment is that the person who has done the hiding while leading the experimenter by the hand concentrates his thoughts on the object in question. Richet found that the individuals suitable for the experiment exhibit fibrillary movements of the muscles of the hand,as soon as they approach the object. Thus the experimenter is enabled to designate the hiding place; the leader giving unconsciously the signal where to stop. With nervous persons the success is usually obtained with little difficulty.

These experiments are simply referable to physical phenomena and are identical, under another form, to one practiced and demonstrated 35 years ago by Chevreul. He showed that it sufficed to concentrate one thoughts on a ring suspended by a string between the fingers to make the ring turn to the right or left by the mere force of the will.

There is consequently no "mental suggestion" in these experiments.

THE LATEST OF THE LONG LIST OF TREATMENTS FOR DIPHTHERIA is that of Dr. Delthil which consists of fumigations with coal tar and oil of turpentine. It strikes us that this treatment has very little claims to originality and that something similar has been tried in this country with the usual result, viz: Constant failure after a few apparent successess. Delthil has been given ample

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opportunity by the physicians in charge of the various children's hospitals of Paris to try the efficacy of his remedies. The results obtained, so far, do not seem to be very encouraging.

Judging from some remarks made at the May meeting of of the Sociètè Mêdicale des Hôpitaux,the French physicians do not make any difference between croup and diptheria, thus maintaining that standpoint which must be considered as antiquated in the light of modern investigations and experiments.

Zooglocic Tuberculosis. — Malassez, the collaborator of Ranvier at the College de France and the discoverer of "zooglocic tuberculosis" i. e., that form which is not produced by the classical bacillus, but by zoogloeæ composed of micrococci, has continued his studies and now declares that there are three states of zooglocic tuberculosis which can be recognized by the different behavior of the micrococci towards the aniline colors usually employed. Koch has not yet been heard from on this "zooglocic tuberculosis" although the announcement of it was made over a year ago.

A Novel Way of Determining Sugar in the Urine is detailed by a correspondent of l'Union Médicale. It appears that the correspondent paid a visit to Ab der Haman, a celebrated quack, who was forced to leave Algiers, and took his abode in the near neighborhood. A Frenchman belonging to the more educated classes had diabetes and went to consult the charlatan daily, furnishing him with specimens of his urine at each visit. He also furnished a druggist with them to act as a check upon the Arab. The day that the latter announced to him the absence of all sugar in his urine the druggist corroborated the statement. The patient astonished at the coincidence, and knowing that the Arab did not have resource to chemical agents, asked him what method he employed. "The thing is very simple," quoth the quack, "I throw your urine on the ground near an ant's nest. The earth absorbs the liquid and the ants come out in numbers, attracted by the sugar, which tends to remain upon the surface. To-day they have not come; hence, I conclude that there is no more sugar." This might prove valuable where reagents cannot be obtained, and where the practitioner objects to the old method of tasting.

The Percentage of Cases of Metorrhagia, in an analysis of twenty-two hundred cases, was found by Dr. F. Baer, (Amer. Jour. Obstet.) is less in those from forty to fifty years of age, than in those from thirty to forty.

Simultaneous Closure of the Lacerated Cervix and Perineum, in fifteen cases, is reported by Dr. J. E. Janin. His experience, (Am. Jour. Obstet.), has been so satisfactory that he is a strong advocate of the double operation.

Ignipuncture in Uterine Therapeutics is reviewed in a recent article by Dr. S. Prochownick, of Hamburg, Germany. In cervical hypertrophyhe makes four ignipunctures, two into the anterior and two into the posterior part of the vaginal portion; the punctures are through the stroma of the cervix to its mucosa, made either in a centrifugal or centripetal manner; the former for indurated hypertrophy without profuse catarrhs or ulcerations; the latter for the opposite conditions. The favorable after effects are not immediate, but there is ultimately a reduction with no relapses, the improvement is permanent.

Danger of Weak Solutions of Corrosive Sublimate.—Hofmeier in his report on Progress of Obstetrics, cites several instances of fatal poisoning; the last one was a primepera recently delivered with complete rupture of the perineum, the rent was stitched up while the part was irrigated with sublimate solution $\frac{1}{1000}$. About the fifth day the patient was attacked with moderate fever, with low pulse and died on the twelfth day after a very fetid diarrhoea, there was gangrenous destruction of the entire mucous membrane of the intestine. Examination at the Patho Chemical

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Institute clearly demonstrated the presence of mercury in the tissues. Stadtfell has reported a similar case.

ALTERATIONS OF THE UTERINE MUCOSA in the presence of fibroids, is the subject of a recent pamphlet, by Von Campe, of Schroeder's clinic. He nearly always found the mucosa of the entire uterine cavity diseased, usually with the œdematous form of endomitritis, thus explaining why treatment otherwise only employed for endomitritis relieves hemorrhage in case of myoma.

CORRECTION.—In No. 22, page 424. About 75 years, should be 25 years.

CONTRIBUTIONS.

PRURITUS RHINITIS CATARRHALIS, OR ITCHING NASAL CATARRH (HAY FEVER, ROSE COLD, JUNE COLD, JULY COLD, AUTUMNAL CATARRH.)

BY THOS. F. RUMBOLD, M. D.

Read before the St. Louis Medical Society, May 3rd, 1884.

[CONCLUDED.]

TREATMENT PREVENTIVE AND ALLEVIATIVE.

The treatment of rhinitis pruritus is divided into preventive and alleviative.

The preventive treatment embraces the hygenic and therapeutic treatment for chronic catarrh inflammation of the nasal passages.[1] As it is this catarrhal disease that has prepared, as it were, the patient's nasal mucous membrane to take on the rhinitus pruritis, the ultimate recovery of the patient will depend upon this treatment being followed up fall and spring, or at such times of the year as he is most liable to take cold.

ALLEVIATIVE TREATMENT.

The alleviative treatment is the subject that will occupy our attention at present. This treatment is divided into therapeutic and hygienic, and the therapeutic into local and constitutional. The consideration of these divisions will be taken up in their natural course as they occur in the treatment of a patient after he has arrived at the physician's office.

The patient has come for relief after he has suffered a few days or weeks torment by this complaint, and his nasal passages and throat are excessively sensitive. In examining his pharyngo-nasal cavity, do not cause him to retch or cough; while inspecting his nasal passages do not make him sneeze by either thrusting the nasal speculum too far up his nostrils or by pushing his nose upward or sideways. Be very careful to avoid doing *anything* that will occasion a sneeze. If a window or a door of the office is open, close it immediately, as even a slight draught of air will induce an itching sensation of the face, eyes and nostrils, which, if it lasts beyond half a minute, may bring on a paroxysm in full force.

LOCAL APPLICATIONS.

If a paroxysm does ensue, and give evidence that it is going to last for several minutes, give the patient some vaseline, and direct him to anoint his face, neck, head—if his hair is short—and hands; rubbing the vaseline well into the skin; have him put a silk handkerchief over his head, and his hat over that; then direct him to pull off his boots and socks, and rub his feet well with vaseline, uncovering one at a time. It is altogether likely that his feet will be found to be damp with perspiration, consequently quite clammy and cold. In this condition the vaseline will prove a very valuable remedy.

By this anointing and rubbing process, the paroxysms will be materially shortened and their severity lessened. It will be well for the patient to repeat the course at such times as he may be attacked with a paroxysm.

If ready to make a local application, give the patient the tongue depressor, tell him to place it well on his tongue, but not so far back as to cause him to cough or retch, then, having warmed the spray producer (No. 4), half fill its bowl with the following mixture:

℞ Vaseline, - - - - - - ℥ vj.
Eucalypti ext (Sander & Son Sanhunrt Austi), min. iij.
Ol. Gaultheriæ (pure), - min. ij.
Mix cold.

This mixture should be made hot enough, so, that after it is tempered with the cold air from the instrument, the spray will produce a warmy, pleasant sensation. Now pass the point of the spray producer just behind and below the pendant velum; and to each side of the uvula alternately; then throw the spray up behind the soft palate, gently at first (never using an air pressure exceeding 7 lbs. to the square inch), observing closely the part

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1 The reader is referred to the work on the "Hygiene and Treatment of Chronic Nasal Catarrh," by the Author, pp. 473.

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of the mouth that is being operated upon; also watching the actions of the face and eyes; observing all these points at the same time, a faculty that cannot be acquired except by some practice. Should his throat begin to contract or his eyes to close, or there occur any other sign that would be taken as a contraction of the throat, instantly cease throwing the spray; withdraw the instrument, and at the same time request him to take the tongue depressor out of his mouth. All this must be done, if possible, before he retches. At once request him to clear his throat; this act will rest him, as holding one's mouth open even for two or three minutes is a little fatiguing. Then continue to make other applications until all the remedy is thrown into the pharyngo-nasal cavity, keeping in mind these directions.

If you have made the medicament warm and thrown it to the part indicated, the patient will voluntarily say that he experiences a sensation of relief and smoothness in his throat, and if asked to locate the place where he feels the relief, he will place his fingers over and below the larynx; many of them will place their hand on the upper portion of the chest.

Next, make an application by means of the spray producer No. 5, applying with it the same remedies, and introducing the point of the instrument in the same way as with the No. 4, using the same precautions.

If he is not conscious that the stream from the instrument is going into his nostrils, it indicates that the mucous membrane is in quite an anæsthetic condition, and that the inflammation is quite chronic, consequently it may be slow in yielding to the treatment.

Third, make an application to the fauces while the patient is slowly and deeply inspiring, using the spray producer No. 1. In this instrument the same vaseline compound is applied, with the addition of from to five drops of the following:

℞ Pinus Canidensis (Kennedy's)	- -	grs. iij.
Glycerinæ (Price's)	-	ʒ ij.
Acidi Carbolici	-	gr. ½.
Aquæ Puræ	- -	ʒ vj.

M.

This makes a pleasant mixture and has a very soothing effect on a throat and soft palate made sore by coughing.

I usually use five drops of the Pinus Cand. comp., during the first three treatments, then four drops for the next three, afterward three drops, and two drops for the next three. After this using one and two at each succeeding treatment. If too much of this astringent is employed, the patient will complain of a slight soreness in the throat on swallowing.

Do not make an application to the nostrils in front, because the force of the air will be almost certain to excite sneezing, which is very undesirable.

The spray producer No. 5 is the most important instrument, because by it the remedy is thrown to those regions, the middle and superior turbinated processes, where the inflammation is the most severe, the location being the site of origin of the primary disease, the chronic catarrhal inflammation. It is also the most difficult instrument to handle, because of the stream of spray that issues from it being liable to strike the upper surface of the soft palate and thus cause contraction of the faucial muscles.

If the pressure of the air that is used for making the spray is too great, the application may give rise to a paroxysm of sneezing, an effect that is quit undesirable; most patients can bear 7 pounds to the square inch but some can endure only about 4 lbs.

The effect of these applications, when judiciously made, will be very agreeable to the patient, *relieving him at once* of many of his most annoying symptoms.

ELECTRICITY.

This remedy is a valuable adjuvant, one that should be employed in every case especially toward the latter part of the treatment. I have not been successful in the employment of the Faradic current, but with the Galvanic, the patient at once gives expressions of benefit. It requires from 6 to 18 cells to produce the desired effect. I apply the negative pole (cathode) to the lower extremity of the seventh cervicle vertebra.[1] By this application all five of the special senses may be excited. The sense of taste is always excited, if the application is properly made; it is known by a metallic taste, being experienced in the throat and mouth, proving that the two organs are under the influence of this agent. An application that does not in this way excite the sense of taste is inefficient. The positive may sometimes be applied with marked benefit over the nose and cheeks.

The length of time that the electricity is applied should not exceed three minutes. One minute is the length of time that I usually employ it on new patients, watchfully lengthening the seance to the full time, three

1. This is called Central Galvanism by Beard ann Rockwell.

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minutes. Instantly reversing the current and back again for a few times,as well as interrupting the current is frequently productive of good results. I always make the applications after completing the local treatment with the spray producers.

CONSTITUTIONAL TREATMENT.

All of these patients are habitually constipated, and their renal secretions are usually scanty, besides this, they are in a condition of body that easily becomes exhausted, and many of them are in a state of continual weariness, therefore a laxative,a diuretic and a tonic are indicated. The bowels should be maintained quite open; at least two operations each day will be beneficial for a week or two.

Ten grains of quinine should be taken each night on going to bed. This should be continued every night until the paroxysms are reduced to about 50 per cent of their usual severity, then seven to five grains may be a sufficient quantity. Many patients thought that such doses would keep them awake but, in cases that were not severe, the contrary was the effect. I have sometimes added to the quinine five grains of bromide of potassium with excellent results in obtaining refreshing sleep.

HYGIENIC MEASURES.

To expect to even alleviate a patient afflicted with rhinitis pruritus, without strictly following the rules of hygiene, is as preposterous as it would be to expect to maintain a ship dry with a leakage in its hull, or a man sober while he was continually imbibing large quantities of ardent spirits.

PROTECTING THE HEAD—THE HAIR.

A patient that has suffered from annual attacks of this complaint for at least five years, and who had his hair cut so short that it cannot be parted, can have but little done for him that will lessen the severity of his paroxysms. A cap may afford him some protection, but because of its too frequent removal, it will not take the place of the lost hair. A wig will come the nearest to doing this. I insist upon all my bald-headed patients, whether afflicted with this complaint, or with chronic nasal catarrh, wearing a wig. The hair should be let grow until it is long enough to nearly touch the coat collar. It should never be shorter or longer on *any person*, male or female.

The beard should be allowed to grow until it forms a good protection to the throat and neck. Shaving is a flagrant violation of one of the laws of health.

HATS AND CAPS.

The best hat for male patients is the soft hat.

A light skull cap should be worn day and night when the patient is in the house. It is not necessary to have a different cap for night wear, except it might be to get a warmer one, for the protection of the head is equally essential during all hours of the day and night.

All of these patients, male and female, perspire very freely about the head,and while the scalp is thus covered with moisture, even a slight draught of air will, in a few minutes, reduce the temperature of the surface fully 20°F. which in all probability, will be sufficient to produce a paroxysm. The cap is intended to prevent this sudden lowering of the temperature, not for the purpose of keeping the head warm.

Female patients should wear a silk hood—not very heavily quilted,day and night.

Those patients who do not require the inunction of the whole body with vaseline, may require to have the face, neck, hands and feet anointed with vaseline, as they retire for the night, as described in the section relating to local treatment.

CLOTHING.

Patients of both sexes should wear thin stockings, knit, cotton and wool mixed, vest and drawers, and a heavy suit of pure flannel over them. The advantage of wearing the cotton next the body, is that it absorbs the perspiration, thus preventing a cold, chilly sensation, should the body be exposed to a draught of air. Some of my patients have felt the necessity of wearing a third suit consisting of heavy flannel even on hot days, and claimed that they did not suffer in the least from excess of heat. This class of patients and all whose nasal passages are affected with catarrhal inflammation require a large amount of clothing and they bear it with great comfort.

INUNCTION OF THE BODY.

This is very frequently productive of marked benefit. The room in which the inunction is to take place should be kept quite comfortable. Vaseline is the substance to be used. It should be rubbed on by means of a flannel cloth made hot over a lamp. The clothing should be removed to the waist, and the body well rubbed, occupying about fifteen minutes' time, then the clothing should be replaced, and that of the lower portion of the body removed, after which this part also should be well annointed, occupying about the same length of time. Some patients are

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remarkably fond of this operation and spend an hour and even longer in its performance.

THE FEET.

Male patients should wear boots, females high shoes. Two pairs of stockings should be worn; the pair next the feet should be cotton and the other woolen.

If slippers are to be worn, a pair of heavy woolen stockings should be drawn on over the stockings already on the feet.

Females must not wear elastic garters. In order to maintain the hose in place, they should be pulled on over the thin underdrawers, and held by four elastic straps, each of which has brass loops on each end, so formed as to securely retain the hold on the drawers and the top of the hose. In this way the circulation of the blood in the limbs is not impeded.

THE SLEEPING ROOM.

The sleeping room should be large, and well swept and dusted every day, it should face the South and East if possible. From morning until 3 P. M., all the windows and doors should be left wide open; after that time they should be all closed up tight and the sunlight be excluded to almost total darkness. A piece of ice, weighing about 10 lbs., hung up in the middle of the room, about 6 feet high, will lower the temperature of the air to a pleasant coolness, and it will continue so, during the whole night. Some might think that this would make the air of the room too damp, but such is not the case.

If the ice melts too rapidly so that the air is made too cold, the ice may be covered with a piece of cotton or woolen cloth, with the woolen the ice will melt more slowly than with the cotton covering. A swing to hold the ice may be made of a common towel, stretched and held by the four corners. This leaves the ice exposed to the downward current of warm air, which, as soon as it strikes the ice is lowered in temperature and continues in its course to the floor, forming the lower strata of air in the room.

The water from the ice may be caught in a bucket or other receptacle as it drops from the towel.

SLEEP.

The patient should sleep between blankets, but, not on feathers or old moss or old hair, a cotton mattress is the best. If a cotton mattress is not used then a heavy cotton quilt should cover the bed mattress. It will be well to have the pillows made of cotton.

Annointing the face, neck, hands and feet with vaseline, just before retiring is quite refreshing, because it is cooling.

The "catarrhal season" should be slept away if possible, but it is not best to sleep so much during the day that the night will be passed in wakefulness. If the patient cannot sleep sufficiently long at night, an anodyne should be given, but as a usual thing the ice and quinine produces refreshing repose.

THE DIET.

A good, nourishing diet is advisable. Everything that the patient thinks that may disagree with him, and all those articles knows to disagree with him, should be avoided. Going to bed very hungry may prevent a good night's sleep. Drinking water is always healthful. One to two teacupfulls of hot water as soon as the patient rises from bed in the morning, or if convenient, before rising, is frequently conducive to good digestion. Milk, if taken after dinner, is liable to induce a cough by its causing the mucus in the throat to become quite thick and adherent.

EXERCISE.

Many of these patients suffer from palpitation of the heart when they take exercise, but some gentle exertion, even to the extent of inducing a slight perspiration, is quite beneficial. As a general thing, the avoidance of sunlight, dust, smoke and other irritating agents that float in the air is the most conducive to comfort. Walking in a close, darkened room, in which a piece of ice is hung, to keep the temperature fully 10° F. to 20° F. below the outside, temperature is usually quite refreshing.

TO BE AVOIDED.

Sufferers from this complaint should not bathe; should not smoke, chew or snuff tobacco; should not drink beer, wine, whisky, brandy, gin or any beverage that contains alcohol; should not be out in the night air, should not allow themselves, under any circumstances, to become angry. The disease has a tendency to make one irritable, but this condition of mind must be controlled. A fit of anger will be almost certain to induce a fit of sneezing. Every victim of this complaint can, if they choose, cultivate a habit of becoming angry, to their own discomfiture, or of exhibiting a disposition of patience. Coughing and sneezing must be avoided if possible. The former may many times be controlled to almost complete suppression. Handkerchiefs that have become wet from nasal secretions and tears, should be put out of the room. If the expectorations are very profuse, a spittoon filled with dry earth should be kept in the room and new earth put in it every morning.

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REPORT ON SURGERY.

By Roswell Park, A. M., M. D., (Professor of Surgery, Buffalo Medical College,), Buffalo, New York.*

Read before the Illinois State Medical Society, May 20 1884.

Were I to comply literally with the by-laws of this Society and make a full report of the progress of surgery during the past year since last it met I should detain you much longer than a fair proportion of the time allotted for this meeting. I will only venture, then, to ask your attention while I refer to a few of the most striking features of the year's work, or that reported during the year,and try to exemplify the rapid progress of surgical science by rehearsing a few of the most new and typical operations performed, or of the most important lessons learned.

LITERATURE.

Two notable productions of the past twelve months in surgical literature deserve mention here. Agnew's excellent treatise has been completed by the appearance of the third volume, which well upholds the high standard maintained throughout the work. It is most lacking in that it does not give the results of the most recent investigations in surgical pathology; in other respects it is thoroughly practical and deserves the high esteem in which it is held.

Since our last meeting, the new English edition of Holmes' System of Surgery has appeared, and is to the other English works of the present day what the original edition was to the works of its day, *facile princeps*. It bears marks of careful revision, but shows also those discrepencies which must appear when numerous writers of, more or less, diverse opinions are engaged upon what is intended to be a symmetrical whole.

Besides these the International Encyclopædia, which is inappropriately named, and the *Deutsche Chirurgie*,which will prove a grand encyclopædia,are slowly approaching completion. The former is a mixture of good and indifferent articles; while if the latter has a fault it is that of prolixity. Aside from these, the usual variety of monographs have appeared, and of the usual variable values.

In the way of journals there is nothing to report save that the only journal in English, devoted especially to surgery and applied anatomy, and likewise the only one presenting nothing but original matter in its pages,—the "Annals of Anatomy and Surgery"—has been suspended during the absence of its chief editors abroad. It is to be hoped that this, the most exclusive journal in this country, will soon be resumed.

SURGICAL DRESSINGS.

One hears but little now of the spray. The lesson which its use taught us has been learned and we can now dispense with it. As illustrating this I would mention that out of my last one hundred *major* operations I used it but three times, and my mortality was six per cent; in no one of the six fatal cases could the death in any way be regarded as due to its absence. But while antiseptic means and methods change somewhat with caprice and fashion, or in accordance with the dictates of experience, the general principles of antisepsis become more and more firmly grounded as time goes on. Cleanliness according to the notions of the laity and surgical cleanliness are by no means synonymous terms; the latter must be attained if we would succeed.

The irritant properties of carbolic acid have become better appreciated and it has lost its high position as our favorite antiseptic. Weak solutions of corrosive sublimate (1 to 1000-5000) have supplanted it in nearly all of the foreign and domestic clinics. Used in this strength it is non-irritating and quite effective. Poisoning by its use, though not absolutely unknown, is much rarer than carbolic poisoning. As now used these solutions are resorted to for every purpose except immersion of the instruments. Further, prepared peat, sand, sawdust, moss and glass thread are treated with stronger solutions and thus to their remarkable absorbent properties is added that of being truly antiseptic; in this way most excellent dressings are prepared at trifling cost. I am frequently able to leave on a peat dressing longer than I should be willing to leave an ordinary Lister dressing. If absorbable bone drainage tubes be used, or the principle of canalization be adopted, it may often happen that such a dressing may be allowed to remain for two weeks and then be permanently removed.

Iodoform has lost nothing of its repute and is as indispensable as ever for many purposes. The writer was probably the first to introduce Naphthalin in the West—so far as he knows—and to practice a cheap but efficient method of making Naphthalin gauze by using a saturated solution of the drug in benzine and then allowing the benzine to evaporate. Time is strengthening his faith in the truth of one of his early statements concerning its almost

*When the writer was appointed to make this report he was a resident of Illinois; since then he has removed to Buffalo, New York.

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specific powers as against erysipelas. Out of some forty cases treated by himself and surgical friends or students in which a 10-15 per cent ointment of naphthalin was the sole,or almost the sole remedy he has yet to hear an unfavorable report; while in most of them it has proved a more soothing and efficient application than anything hitherto in use by those who tried it.

The method of preparing catgut introduced by Prof. Kocher is now giving such complete satisfaction that it deserves mention here. It consists of soaking ordinary gut in oil of juniper *berries* for two or three days, after which it is kept in absolute alcohol containing a small percentage of corrosive sublimate (say 1 in 500), and of the same oil. Thus prepared it is thoroughly antiseptic, of good strength, easily manipulated and not too soon absorbed. It is now in quite general use.

SURGICAL PATHOLOGY. — ERYSIPELAS.

Among the most important of the investigations in surgical pathology are those concerning the etiology of erysipelas by Fehleisen, Prof. Bergmann's assistant (Berlin), and which have been summed up in a monograph.[1] There can now be but little, if any doubt, that erysipelas is a germ disease, and the proof thereof supplies every demand that pathologists can make. The germ is a micrococcus of recognizable appearance always found in connection with the disease; it is not found except when this disease is present; and after successive cultivations it is capable of reproducing the disease.

After numerous experiments on animals Fehleisen made some others on patients having inoperable tumors, hoping to lead to degeneration of the same by establishing this acute specific inflammation. In six out of seven cases, unmistakable success was achieved by inoculation; the only failure was in a patient who had suffered repeated attacks of erysipelas, the last within two or three months, and who seemed thus protected. Other experiments seemed to show that this immunity secured by previous attack is not of long duration; but a few months at the outside. In this series of cases the period of incubation between the time of inoculation and the first symptom of the disease varied between fifteen and sixty-one hours.

GONORRHŒA.

In this same line of investigation this is the place to refer to further experimentation with reference to the specific cocci of gonorrhœa. It was in 1879, that Neisser claimed to have positively identified the gonococci. Unfortunately, experimenters like Krause and Leistikow, failed in demonstrating their specific identity by transferring them to the conjunctivæ and urethræ of animals. Bokai's results in engrafting the cultivated cocci in the urethræ of six students were inconclusive since in only three did he obtain definite affirmative results. Bockhart, however, has succeeded better. He made pure cultures of the cocci and then inoculated the urethra of a patient in the last stages of dementia paralytica, with the result that he caused in him a genuine gonorrhœa. Daily examination of the dried secretion showed the same spores in abundance. The patient shortly died and sections of the hardened urethra showed the same micro-organisms, especially in the nuclei of the white and pus corpuscles, and between the cells.[2]

Petrone has also found these specific organisms in the blood and in the synovial fluid of a patient suffering from gonorrhœal rheumatism, as well as in the pus from his urethra.[3]

OSTEO-MYELITIS.

The micro-organism of acute infectious osteo-myelitis has also been attracting attention lately. Schueller and Rosenbach claimed to have identified its specific micrococci, and recently Becker has made some important experiments with them in Koch's laboratory. He injected fluid containing the results of successive cultivations of these germs into the jugular veins of rabbits some of whose bones he had previously fractured. The following day weakness and loss of appetite were noted, but with temporary recovery. At the end of a week, however, a swelling formed at the site of fracture, the animals lost flesh, sickened, and died in a few days. On dissection, large abscesses were found around and in the bones, and the peculiar cocci were found in large numbers.[4]

TUBERCULOSIS.

Meanwhile researches concerning the specific bacilli of tuberculosis have not been intermitted, but on the contrary the number of searchers for these tiny organisms daily increases. While the main question concerning their existence and their specificity comes

1 Die Aetiologie des Erysipels. Berlin, 1883.

2. Sitzungsberichte der Wurzburger phys. med. Gesellschaft. 1882. Sept. 22.

3. Rivista clinica, 1883. No. 2.

4. Ref. in WEEKLY MEDICAL REVIEW, 1884. April 19, p. 304.

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rather within the domain of pathology, it is of scarcely less interest to the surgeon. In imitation of the work of observers abroad, for example, I have identified these organisms in the pus or detritus of superficial ulcerations, of various fistulous tracks (especially fistulæ in ano), of carious joints and bones, and in caseous glands and omentum, all of which I had long since learned to clinically regard and diagnose as "tuberculous." This identification, is of course, nothing new, but it gives a validity and substantiallity to such diagnoses which defy incredulity. When, for instance, one can point out tubercle bacilli in the detritus of a spinal abscess, or of a diseased hip-joint, there is a satisfaction in the consciousness that he was correct in considering as primarily tuberculous that which others have ascribed to 'scrofula' (whatever that is), or to other morbid conditions.

Were this a proper place, I should be most delighted to try to show here how closely tuberculous processes in bones resemble those in lung tissue, how parallel is the course of the disease in each; how, also, any tuberculous focus may for a short or long time remain local, and how this fact often gives the surgeon the key to the situation, so that by eradicating the local disease, when accessible, he cures the patient. This eradication may be simply a matter of the sharp spoon or it may require the knife and amputating saw, but it surely often succeeds.

The word *scrofula* is an eye sore to the pathologist and it is most desirable that it should be used only in an adjective sense as indicating a constitution peculiarly sensitive to the effects of the bacilli tuberculosis; for no educated pathologist now regards the many manifestations of what used to be called scrofula as anything but the evidences of local or diffuse tuberculous processes.

RUPTURE OF ARTERIES IN CONTACT WITH PURULENT COLLECTIONS.

Monod has undertaken a most careful study of the question whether an artery in contact with a purulent inflammatory focus can soften and rupture spontaneously. He found eighty-eight cases recorded, and has classified them under two headings:

I. Abscesses and phlegmons of soft parts.....37 cases.
II. Congestive abscesses and those of bony origin.....51 cases.

Under the former he includes primary, tonsillary and retro-pharyngeal abscesses, secondary suppurations after scarlatina and typhus (in these cases the carotids being involved, in one the lingual), abscesses of glands (neck and groin) and miscellaneous suppurations. Among those in Class II., the femoral or popliteal arteries were the ones most frequently involved.

In discussing the pathology of the rupture of a vessel under these circumstances, Monod calls attention to the fact that the support of the healthy parts about the vessel is lost, that a compensating hypertrophy of the arterial walls does not occur as it should, that degeneration slowly takes place, and that all the favorable conditions for a rupture are thus established.[1]

GENERAL SURGERY—ANÆSTHESIA BY THE RECTUM.

Quite recently has been introduced the practice of inducing anæsthesia by the introduction of the vapor of ether into the rectum. The process is a very simple one. A bottle containing ether is connected with rubber tubing terminating in another syringe nozzle. This latter is introduced into the rectum while the bottle is immersed in water of a temperature of 130—140° F. The ether boils and its vapor is diffused into the bowel. In two to four minutes, the patient peceives the taste of ether in the mouth, a minute later his breath smells of it, and in from six to twelve minutes he is profoundly anesthetized.

The method has its disadvantages. During operations about the face and with timid patients it will prove serviceable. It seems, however, to sometimes cause an unpleasant tympanitis and subsequent diarrhœa. So that its employment as a constant practice is to be considered still *sub judice.*

TREATMENT OF LUPUS BY TRANSPLANTATION OF SKIN.

Hahn has successfully treated six cases of lupus by scraping out with the sharp spoon all the affected tissue and then transplanting pieces of sound skin, ¼ to ½ ctm. in diameter, to cover the defect. After a year, the condition was good in each of his cases, with no sign of return.[2]

In reading this report of his, one can hardly fail to conclude that if his transplantation, or so to speak exaggerated skin grafting, was so successful, a plastic flap operation should be even more so.

SURGERY OF THE LUNGS AND ADNEXA.

Mosler made an important communication to the last German Congress for Internal

1. Bull. et mém. de la soc. de chir. de Paris, VIII, p. 666.

2. Centrlbt. f. Chirurgie, 1883, No. 15, 225.

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Medicine, concerning pulmonary surgery, referring particularly to the operative treatment of cavities. He reports several cases of tapping such cavities with a trocar, and two where resection of ribs was practised, and a path into the cavity made with the thermocautery, one of which was successful in the extreme. He calls particular attention to the fact that the bronchi and lungs possess an idiosyncrasy with regard to thymol and boracic acid, so that he would now employ salicylic solutions for all irrigations of lung cavities.[1]

Bull, of Christiana, has succeeded in also healing completely a gangrenous cavity resulting from putrid bronchitis by this means. He has collected accounts of fourteen cases where a pulmonary fistula was intentionally formed by operation, and with the following results:[2]

Recovered	2
Greatly improved	2
Slightly improved	7
No change	1
Injurious effects	2
	14

The morbid conditions were as follows:

Bronchiectasis	2
Bronchiectasis and post pneumonic cavities	1
Lung abscess	5
Gangrene	3
Tuberculosis	2
Echinococcus	1
	14

The researches of Gluck, Block, and others concerning resection of lung tissue, suture of heart muscle, etc., have lead to some practical results. Weinlechner and some others had already removed some part of the lungs, and recently Kroenlein, of Zürich, operated on a recurring sarcoma of the sixth rib by not only removing a large part of the thoracic wall, including the costal pleura, but resecting a portion of the lung which was also affected. Hæmorrhage from the cut lung tissue was insignificant and quickly ceased after uniting its edges with catgut sutures. The patient was in one month discharged cured.[3]

Ruggi has also operated similarly in the case of a woman who had fungous arthritis of the knee and phthisical cavities in the upper lobe of the right lung. He resected the second and third ribs with their cartilages for seven ctm., separated the pleura from the lung without disturbance of respiration and removed the whole of the upper right lobe. After six hours the temperature and respiration were normal. Unfortunately this patient died on the ninth day of carbolic acid poisoning.[1]

Berger, of Paris, has recently made a full report concerning Estlander's operation of thoracoplasty. The prime object of this is to assist nature in her efforts at spontaneous cure, by obliteration, of empyæmic cavities, by effacement of the corresponding side of the chest and the narrowing of the intercostal spaces. The gradual and natural processs is limited by the form and resistance of the costal arches. In long standing cases of empyema whose external opening has been made late, the fistula thus made often becomes permanent. Estlander relieves this by removal of a portion of the bony wall of the chest, thus allowing it to sink in and the visceral and parietal layers of the pleura to come into contact. The extent and number of ribs to be exsected vary with the case; as many as six ribs may be attacked, and 11—13 ctm. of their length removed. The pleural cavity is not to be disturbed in any way except to clean it. Drainage must of course be provided for. The operation is one of great merit and bids fair to prove useful in many cases.[2]

Resection of the larynx for malignant growths is not so uncommon now as to occasion particular curiosity or remark, but resection of a part of the trachea is still quite new in surgery. Of such a nature is a case reported by Gussenbauer who had to deal especially with an epithelioma of the thyroid gland, of a year's growth, which he found to involve the trachea. During the operation the tumor was freed from the trachea after the application of some eighty ligatures, and finally the trachea itself was cut through and a portion of its wall removed. After three weeks the patient wore an artificial respiratory apparatus fashioned on the plan of the operator's artificial larynx. Nine months after the operation, the patient presented himself sound and well, and said he was working hard as a smith,[4]

1. Jour. Am. Med. Ass'n., 1884, March 29.
2. Nordiskt med. Archiv. XIV, No. 26.
3. Berliner klin. Wochschft. 1884, Mar. 3.

1. Centrlblt. f. klin. med. 1884. No. 48.
2. Jour. Am. Med. Ass'n. 1884. March 22.
4. Prager med. Wochschft. 1882. No. 46.

Dr. Noel Gueneau de Mussy lately reported a case of erysipelas following a traumatism, complicated with albuminuria and hematuria. It was interrupted by meningeal trouble and disturbance of the digestive tube after which it reappeared and was finally cured having lasted altogether, four months.

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SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

Stated Meeting, May 10th, 1884.

DR. RUMBOLD READ A PAPER ON HAY FEVER.

DR. MULLHALL.—There undoubtedly exists a connection between hay asthma and chronic nasal catarrh. Dr. Rumbold states he called attention to the fact as far back as 1869. For my part I concede him the priority in calling attention to the connection between the two as I know of no author who mentioned it previously to that time. Helmholtz so far as I am aware, was the first who called attention to the fact that it was a parasitic disease. He examined his own nasal secretion under the microscope and found it swarming with germs, and he then adopted the treatment with neutral solution of quinine which afforded him great relief. That there exists a connection between the two troubles there is no doubt. I thought that this connection was well understood and settled. It is quite possible that these vegetable parasites may cause hay fever but not cause the nasal catarrh, inasmuch as we know that in the autumn when the first frost comes the parasites are destroyed and then hay fever no longer exists, but the nasal catarrh may continue until the next summer. The hay fever is caused by these parasites from the pollen of hay, weeds, and certain grasses and at the end of the season it may disappear, but the nasal catarrh will persist until the next season. I hardly think it necessary that the doctor should have mentioned so many cases to prove this connection between the two. I thought for the last three or four years at least, specialists were agreed that there was a connection between hay fever and nasal catarrh. I know of no one that has absolutely proved it but Dr. Daly, of Pittsburgh. Dr. Rumbold will remember that sometime ago he read a paper at the American Dermatological Society calling attention to the fact that he had discovered a connection between nasal catarrh and hay fever. He was treating an old gentleman for chronic nasal catarrh during the winter, and when this gentleman's time came for having hay fever he was astonished that he had escaped it. He mentioned the fact to Dr. Daly, who, the next winter treated two or three other cases of nasal catarrh with a like result of absolutely preventing the recurrence of their accustomed hay fever. There is, as Dr. Rumbold stated, nasal catarrh associated with hay fever and I may add, it is always of the hypertrophic variety. It is possible that there exists a condition in the nose previous to the attack which causes one man to get the hay fever and another to avoid it, independent of catarrh. The vast majority of cases with nasal catarrh have their symptoms modified in the summer. There must be some other condition besides chronic nasal catarrh to cause hay fever from the very fact that 99 per cent. of people with chronic nasal catarrh do not have hay fever. It is possible that chronic nasal catarrh provides a better soil for the growth and diffusion of this parasite than already exists, and there is a tendency in the tissues to be irritated by the introduction of any irritant. I wrote a paper some time ago in which I reported a case where I removed nasal polypi and the associated asthma was cured. At the end of that paper I made the suggestion that the nose might not only be the starting point for hay asthma, but also ipecac asthma, cat asthma and that from inhalation of certain flowers, etc. I have never had an opportunity of proving this with regard to ipecac. If any of the gentlemen know of a patient who has ipecac asthma, they might prove this. All they have to do is to fill his nose with absorbent cotton and have him go into a drug store. The nose is no doubt the starting point for a great many kinds of asthma. I have no doubt it is the starting point of hay asthma. I have at present a hay asthmatic under my care who has come to me very faithfully the past winter, in whose case I am making the experiment. I am treating his nasal catarrh by the galvano caustic method. I am waiting for the 12th of August to see whether he will get his hay asthma or not. I am watching the case carefully and I will take great pleasure in reporting the result to the society.

DR. A. GREEN.—I want to emphasize the point mentioned by Dr. Rumbold, that there are many cases of chronic nasal catarrh, but there are not many people who suffer from hay asthma. Again, there are some who are liable to suffer with hay asthma who have never had nasal catarrh, that is, chronic nasal catarrh. At the same time there seems to be some connection between chronic nasal catarrh and hay asthma. I think that is very clear because most persons thus affected, are compelled to breath through the mouth instead of through the nose, and we know it is generally accepted that hay asthma arises from some parasite. If the patient should breathe continually through the nose it may perhaps attack the mucous membrane of the nose and remain there and afterward be eliminated in-

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stead of getting into and affecting the larynx. Consequently it is very clear that in some cases patients who suffer from chronic nasal catarrh and are compelled to breathe more through the mouth than through the nose are more liable to get hay asthma than others. I think it is accepted that catarrh itself does not usually arise from merely taking cold; there has to be something else as the cause. I think a good deal of catarrh is introduced by contagion, and the question then arises, How are we to ascertain what that contagion is? Does the asthma arise from this parasite, and if so, is the parasite an irritant? I think the contagion in a great many cases arises from some parasite, and that the parasite is, of course, an irritant, and in a great many cases if we kill this parasite we cure the nasal catarrh, if the mucous membrane is not in such a state that it cannot be cured. Of course an incurable condition may be produced in the mucosa, and again there may be certain conditions where cure is possible, but if we kill this parasite we will cure the asthma and we will also cure the hay asthma, because that arises from the same parasite which gives rise to the nasal catarrh. Some cases have been mentioned in which it is claimed that nasal catarrh resulted from contagion.

Dr. Johnston.—The paper read to-night involves two propositions, one that rose-fever is the consequence of catarrh of the trachea in infancy or early life. The disease which we have been in the habit of designating, and which is known throughout the central portions of the United States as specific fever, makes its appearance in this month, and at any time during the fall season. Microscopists say that they have discovered a parasite which Dr. Mulhall has referred to, and that this parasite irritates the Schneiderian membrane and produces a disturbance there. Then the neurologist comes in and claims that this disturbance is caused by some nervous irritation. Now there are involved three propositions: First, is chronic hay-fever, the result of catarrh, tonsillitis, and other irritations, according to the paper read to-night. According to Wyman and Beard it is a specific disease depending upon some emission from vegetable evolution. Now, it is entirely demonstrated, if I understand the microscopist, that this fungus imbeds itself in the mucous membrane, and it seems to be most probable and plausible that such is the case. It has been stated in a published work that Beecher when in certain localities was constantly attacked. We have no history of this gentleman being subject to any of these diseases in his infancy; there is no mention of that. Mr. Beecher and other gentlemen are stated to be healthy men when exposed in certain localities where vegetation is prolific and where zymotic life is evolved rapidly. If this is the case, and this was the result of fungi or parasites, it is most probable that there are present certain idiosyncrasies of constitution, there are certain conditions of the mucous membrane which enables the fungi to imbed themselves and produce these irritations, hence the rapid sneezing of the person attacked. There is a conjested condition of the mucous membrane and irritation produces the contraction of the arterioles. Marshall Hall irritated the web of a frog's foot and watched it under the microscope, and the vessels contracted in length. I think it is an exaggerated account, but the record is that they dilated and developed from ten to twenty times the calibre of these arterioles. That is quite an expansion; I cannot conceive such an expansion to take place unless *pari passu* the nerves were developed in the same part. If the disease depends upon these organisms, the minute you remove them you will cure the disease. If I recollect aright it was Virchow who administered quinine.

Dr. Mulhall.—No it was Helmholtz.

Dr. Johnston.—He afterward tried it and took it back, it was published at that time. It would be somewhat difficult to now put my fingers upon the article. He took back his first statement and said he didn't cure the case.

Dr. Mulhall.—I didn't say he cured them, he used it locally and it alleviated the symptoms.

Dr. Johnston—Now then does this catarrh depend upon these organisms? You take a man in January or February and expose him to rapid changes of atmosphere and there is a constringing of the epithelial tissue so that a secretion is thrown out. There is a congestion in the internal organs, hence any of us maybe exposed to-night and to-morrow we may get up with a nasal catarrh. First, we have congestion constringing the part and then a discharge. When we use the word ordinarily termed cold, what do we mean? One who is exposed may contract catarrh of the bowel, may have dysentery. Another takes cold and will have pleurisy or pneumonia, so all these conditions according to our doctrine may be engendered. We can have catarrh in winter, and we know these organisms do not live where the thermometer is 20, 30 or 40 degrees below zero, and that such a thing as catarrh has never existed as far north as 73 or 80 degrees although there are living organisms there. Those organisms which are sup-

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posed to cause nasal catarrh cannot live there. Therefore, if a man takes cold there and he cannot have hay fever but can have this catarrh then it follows logically that hay fever must depend upon certain local conditions which do not surround a man when he takes cold. There must be an idiosyncrasy of the individual, a susceptibility of the mucous tissue in which these organisms imbed themselves.

* *

THE VESICATING AND PURGATIVE PRINCIPLES OF CROTON OIL.

DR. WISE.—I have some specimens which I would like to distribute. Most of the members are aware that a London chemist, by the name of Harold Senior, published an article, sometime in January in which he stated that by the addition of a certain proportion of alcohol to croton oil the latter could be divided into soluble and non-soluble portions. He found the soluble portion to contain the vesicating principle of croton oil, whilst the non-soluble contained the purgative principle. At the time I made an abstract of Mr. Senior's article and published it in the REVIEW. Shortly afterward, at my request, a young pharmacist of this city, Mr. R. H. Smiley, followed Mr. Senior's process and made the preparations for me, and we found that the process as Mr. Senior described it could be easily repeated and with precisely the same result. Out of the purgative principle Mr. Smiley made some pills and administered them to quite a number of parties, and discovered that they acted with the same rapidity that croton oil does and much less drastically. We succeeded with a minim of the purgative principle in getting an operation in half an hour and without any pain or nausea. I need not say that a comparatively non-drastic and rapidly acting purgative is a thing greatly to be desired. With the vesicating principle we also performed some experiments and found it acted rapidly. The number of experiments made were not sufficient to establish any data, and therefore at my request Mr. Smiley made a certain number of pills, and a certain number of vials of the vesicating principle for the purpose of distributing them among the members of the Society. I have here quite a number and the gentlemen can take them, and I will be glad if they will report the results obtained.

DR. MULHALL.—What is the dose?

DR. WISE.—The least dose that can be given with any satisfaction is half a minim. you can safely give a minim or more. I have had these pills made to contain half a minim. They will produce an operation, in average cases in half an hour, at least such is the result of our experiments, and also in accordance with the experience of Dr. John W. Meek, of Lodon, who tried them at the request of Mr. Senior. Dr. John Bryson, of this city, administered some of the pills at my request, and reports that they acted most satisfactorily. I may add in this connection, that several authors have pointed out the probability of these principles existing in croton oil, but Mr. Senior was the first to succeed in isolating them.

CORRESPONDENCE.

FUNCTIONAL NEURATROPHIA.

ST. LOUIS, MO., June 9, 1884.

To the Editor of the Review.—In answer to your inquiry I will say: Mr. Bowles came to see me on the 29th of March and remained under treatment until May 9. He then paid a visit to friends in Leavenworth and returned and saw me a few days this month.

He had at the time I saw him no appreciable organic disease that I could discover.

His bowels were torpid and digestion was tardy and at times painful, with acidity. He had pain in the back of his head and a sense of weight and fullness throughout it and was troubled with a morbid fear of some impending calamity and a dread of being left alone, and obstinate insomnia. His head was hyperæmic. A constant tired feeling abided with him, though he was large framed and weighed about 160. This weight being forty pounds less than his average healthy weight. He had no duodenal distress whatever, and had had no acute disease, except a malarial trouble for which he was actively treated a year or so ago.

He gave a history of overwork and heat prostration in the field, about a year ago. He was an industrious and successful farmer having much responsibility and solicitous about results. He had been a very large eater when he worked and digested well and was not badly nourished in the grosser part of his physical organism when he came under my observation.

His pulse was accelerated to 84; respirations about normal; his tongue was moist and not foully coated. His temperature never above 99 degrees F.

His general condition symptomatically expressed was one of neurasthenia and the cause of this condition appeared to me to be a failure of appropriating power in the trophic nerve centre due to the strain of prolonged physical overtax.

His symptoms represented what I have termed a functional neuratrophia. The correction of the bowel torpidity and gastric conditions made no impression on his nervous and psychical conditions. These were remedied by daily employed cephalic galvanization, chloral and bromide at night and the hypophosphites iron and arsenic daily. Some zinc and bismuth were given with his pancreatin and pepsin capsules after each meal with codia, cannabis indica and strychnia in the beginning.

When he first came to see me he came accompanied by his brother whom he would not permit

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for sometime to be away from him lest something, he know not what, might happen him.

He could not tell why, but felt like something dreadful would happen to him if his brother left him.

This phobia of central nerve exhaustion abided with him for several weeks after all his physical functions were normally performed by aid of medicine.

He could not read without mental and visual confusion. The treatment which affected his restoration, or rather great improvement, for he is not yet fully restored, was that which secured him rest and tranquilization of mind, and open air and passive recreation. The tonicity of stomach, bowel and liver, returned with the restored nerve tone, for the local treatment of these organs did not extend far beyond the second week. He had been treated for his stomach (lactopeptine, bismuth and pancreatin extract) and for his constipation and hepatic torpidity, a long time before I saw him, and he was skillfully treated for these troubles, if his primary trouble had been there, but these conditions are not of any consequence, nor causes of the general functional neuratrophia, of which he suffered. The fugitive pains of defective nerve nutrition, which distressed this patient at times. made him hypochondriacal, and the general lowered nerve tone, coupled with failure of treatment tc relieve him, made him hypochondriacal.

He would probably never have improved at home. He needed in addition to medical treatment the salutary psychical therapeutic effect of changed scenery and environment, an element of success in the management of disease not yet enough recognized by physicians in general. Patients are often advised to travel with the vague hope of some indefinite benefit, being thus conferred, but changed surroundings, coupled with skillful treatment, not so often counselled. When the home physician has exhausted his resources, he often tells his patient no more can be done for him, and he often sends him hopeless away, to get better if he can on nature's resources, and the remedies he had taken at home Whereas, the strongest psychotherapy he could employ would be to send the patient to some distant medical friend, whose sanitary surroundings are salutary, with a hopeful endorsement of his friends skill for all emergencies. Comity of this kind in counsel would result in the cure of some otherwise hopeless cases and add at the same time to the fraternity and glory of medicine. Now, these patients have often to grope their way to uncertain relief after they leave their home advisor, and are as likely to fall into the hands of the quack, as into those of the honest and competent physician.

This party was referred to me by a gentleman in a distant city whose wife had recovered from nervous symptoms somewhat similar, but without the stomach trouble accompanying.

Yours very truly,

C. H. HUGHES.

BOOKS AND PAMPHLETS RECEIVED.

Hooper's Physician's Vade Mecum: A Manual of the Principles and Practice of Physic, with an outline of general Pathology, Therapeutics and Hygiene. Tenth edition. Revised by Wm. Augustus Guy, M. B., Cantab, F. R. S. Etc., and John Harley, M. D., F. L. S. Etc. Vol. 1, William Wood & Co. N. Y. 1884.

Practical Hints and Formulas for the Busy Druggist. Original, contributed and compiled, by Benj. Lillard, author of the Druggists Pocket Price Book. Vol. 1, No. 1. J. H. Vail & Co., N. Y. 1884.

Practical Manual of Obstetrics, Dr. E. Verrier, Lecturer on Obstetrics in the Faculty of Medicine of Paris. Fourth edition, enlarged and revised, with the four "Obstetric Tables" of Prof. Pagot. One hundred and five illustrations. First American edition with revision, and anotations, by Edward L. Partridge, M. D., Prof. of Obstetrics in the N. Y. Post-Graduate Medical School. N. Y. Wm. Wood & Co., 56 and 58 Lafayette Place. 1884.

Lessons in Longevity. John B. Hamilton, M. D., Surgeon-General U. S. Marine Hospital Service, Prof. of Surgery in Medical Department of University of Georgetown. Wm. H. Morrison, Washington, D. C. 1884.

The Physician and his Relation to the Profession and the Patient. By John Blankship, M. D., Marysville, Tenn.

Sexual Neurasthenia; its hygiene, causes, symptoms and treatment. By G. M. Beard, A. M., M. D. (Posthumous Document) Ed. by A. D. Rockwell, A. M., M. D. Pub. by E. B. Treat, New York.

The Philosophy of Manipulation in the Reduction of Hip and Shoulder Dislocations. Reprint from Chicago Medical Journal and Examiner, May, 1884. By Moses Gunn, M. D., A. M., L.L. D.

A Memoir of James Marion Sims, M. D., L. L. D., by Thomas Addis Emmet, M. D. Reprint from New York Medical Journal, Jan. 5, 1884.

Die Nauheimer Sprudel—and Sprudelstrombader. Von Dr. August Schrott und D Theodore Schott in Bad Nauheim.

On Dupuytrens Finger Contractions: Its Nervous Origin. By Robert Abbe, M. D. Reprint from New York Medical Journal, April 19 and 26, 1884.

New Science of Medicine, by Norman Bridge, M. D. Doctorate address delivered at the forty-first annual commencement exercises of Rush Medical College, Feb. 19, 1884.

Some recent theories regarding the pathogeny of sympathetic ophthalmia viewed from a microscopic standpoint, by Samuel Theobald, M. D. Reprint from Archives of Ophthalmology, Vol. 111; No. 1, 1884.

On Infant Foods. A lecture delivered by invitation before the College of Physicians of Philadelphia. By Prof. Albert B. Leeds, Ph. D. Reprint from Medical News, July 21, 1883.

Rapid Lithotrity. By Dr. Henry H. Mudd. Reprint from Weekly Medical Review, Oct. 20, 1883.

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BOOK NOTICES.

Conversations between Drs. Warren and Putnam on the subject of Medical Ethics, with an account of the Medical Empiracisms of Europe and America. By Frank Hastings Hamilton, M. D. Bermingham & Co., N. Y., 1884.

Anything from the pen of Dr. Hamilton will be received by the medical world with attention and respect. The "Conversations" were published in the Medical Gazette, and are intended to represent the conflicting opinions of medical men in this country on the subject of a written code of ethics. As the title indicates, the subject is handled in the form of conversations. Dr. Warren espouses the so-called new code, or liberal view, and Dr. Putnam takes up the new cudgel in behalf of the old code, and between the two the ground is well gone over, and the arguments for both sides brought out. The style of the conversations is pleasant and concise, and for those desiring to post themselves on this much debated question, the book will well pay perusal. When that staunch old Tory, Samuel Johnson, was reporting the debates of the English Parliament, he said that his reports were perfectly fair, but he took care to give the d—d Whigs the worst of it. In the same manner Dr. Hamilton, while he represents both parties fairly, gives the old code the best of the argument, and therein we agree with him fully.

Practical Hints and Formulas for Busy Druggists. Original, contributed and compiled. By Benj. Lillard, author of the Druggist's Pocket Price Book. Vol. I. Part I. N. Y., J. H. Vail & Co., 1884.

This is a compact and convenient compilation of practical hints and formulas, suitable as a book of reference for druggists and physicians, to both of whom it will prove of value.

ITEMS.

Ergotin is said to be of great value in both chronic and acute alcoholism.

Dr. Banta observed a case of complete lacerations of the vaginal cul de sac without any trouble following.

Dr. J. Patterson Cassells, of Glassgow, who formerly was aurist to the Glassgow Aural Infirmary is dead.

The St. Louis Medical Society will soon publish a revised edition of its constitution and by-laws, together with the corrected list of members.

There is a society in Paris that sends out dressers, gratuitously, to dress the wounds of such patients as are unable to go to the dispensaries,

A midwife, having syphilis, is reported as having given the disease to thirty mothers, indirectlv to nine of their husbands and two of the children.

Midzu Ame is a preparation which is said to closely resemble the extract of malt, has an enormous consumption in Japan, and is an efficient substitute for cod-liver oil.

Dr. A. A. East, of Nashville, formerly assistant physician to the Tennessee Hospital for the Insane. was thrown out of his buggy, lacerating his hand; tetanus supervened, and he died last week, at the age of 52.

A woman was lately observed who had 3-16 grains of atropin and 5-6 of a grain of morphia injected subcutaneously. She had three respirations per minute, the pulse being 90 to 120. She recovered.

An obstinate case or hæmaturia is reported in the Lancet April 5, 1884, as cured with thirty grain doses of gallic acid. The treatment was continued for a long time with impunity, and the disappearance of the blood.

Blistering with small vesicating plasters about the size of the human iris with a central hole and similar to the pupil is recommended by Mr. S. Stretton, in the British Medical Journal.

A correspondent of a Geneva journal states that the city of Zurich has neither sewers, drains nor stationary water-closets, All sewerage, etc., or what ought to be sewerage is conducted in large ditches and remains stagnant there. No wonder that typhoid fever holds sway.

The Berliner klinische Wochenshrift announces that there is to be opened at Munich, in the pathological institute, a laboratory specially designed for researches in microbiology. It will be under the direction of Dr. Frobenius.

Dr. J. Field, of Kansas City, reports that in six cases of adherent placenta he has saved the womam by pumping cold water through the umbilical cord. In one case the patient was in convulsions when the afterbirth came away.

The French are discussing the propriety of artificial fecundation. Those who advocate the proceedure suggest an appointed hour for coition and the physician calls an hour later to inject the semen found in the vagina into the uterus.

Dr. John Green whose resignation as lecturer on ophaltmology in the St. Louis Medical College was announced this spring will continue in his former position. Dr. Wm. Hunicke has been appointed to take charge of the eye clinic at the dispensary of the college.

Calomel hypodermically is recommended by Dr. Julien in syphilis, as follows: Calomel and powdered gum arabic, each, 10 grammes, made into an emulsion with one gramme of water and injected under the skin. He claims that four injections of such quantities are sufficient to cure a case of syphilis. He prefers to make the injection in the buttocks.

Crede says, that the instillation of a drop of a 2 per cent nitrate of silver solution in the eyes of new-born children has reduced the number of cases of blenorrhœ of the eyes to 1 per cent. This is the result attained in public lying-in-hospitals.

Crœmer claims that he has regularly observed tuberclebacilli in the stools of normal people or at least organisms that give the same color-reactions that tubercle bacilli do. This has not been confirmed as yet. If true, however, they are either dead or a new variety of the bacillus giving the same reaction as the others.

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THE WEEKLY MEDICAL REVIEW.

VOL. IX. NO. 25. CHICAGO AND ST. LOUIS, JUNE 21, 1884. TERMS: $3 A YEAR.

THE OPERATIVE TREATMENT OF TUBERCULOUS JOINTS.—In discussing this subject in the St. Petersburger Med. Wochenshrift, No. 19, 1884, Dr. Selenkow shows that the antiseptic method as such, affords very little, if any satisfaction. He further shows that the results of resection have been so unsatisfactory and so frequently followed by general tuberculosis that the majority of operators think it more prudent to resort to amputation, or to limit their procedure to a strictly conservative course of action. In describing the frequent history of such cases after operation, he says: Every one of experience in such operations has more than once rejoiced too soon over the immediate results of such resections. After section of the bone a healthy region, the scraping away of anything necessary with a sharp spoon and the extirpation of the synovial sac, the wound at the end of the week, when the stitches are withdrawn has healed by first intention, except the aperture for the drainage tubes. At the time of changing the second dressing the patient has kept well and exhibited no elevation of temperature, but at the borders of the drainage holes there are spongy granulations. The joint is swollen and sensitive; in fact, the patient is in the same condition practically as before the operation. After a few weeks the cicatrix which looked so well at the first dressing has now become changed into the same kind of execrable granulation. The wound enlarges, and fever developes itself in the evening; cough appears, dullness over the apices of the lungs and in a couple of years the patient dies of general tuberculosis. The wound which at first gave such hope has not closed, but the abscesses and fistulas have increased on all sides.

After referring to the history of iodoform in such cases, Dr. S. expresses his preference for the application of a ten per cent tincture of iodine into the apertures left for drainage; not at the time of operation but in the after treatment. Three or four days, after the operation, after removing the drainage tubes, all the accumulated fluid possible is pressed out, and then with a hard rubber syringe armed with a catheter passed into one of the openings, after closing by pressure all the other openings the whole space is distended with a ten per cent tincture of iodine. Then the wound is dressed in the usual way. The treatment is continued every three or four days until no fluid continues to appear and until the wound closes. On the first appearance of any granulations the sharp spoon, etc., has to be resorted to again. He claims that no special pain is associated with the treatment, only a general sensation of heat which soon passes away. He has not seen any irritation or inflammation to be excited in the wound from the treatment. The neighboring parts of the integument are protected from the iodine by a little vaseline.

To bear testimony to the value of his suggestion he adduces six cases. It should be stated that he does not advance the method as anything new in itself, but states that he is not conscious of its having been methodically thus used. The number of cases he also submits is not sufficient from which to deduce any definite conclusions, but offers them to the profession because of the advantages which he himself has obtained.

First case: Resection of the head of humerus in the surgical neck associated with the usual scraping of the surrounding parts. After six dressings, the tincture of iodine being used as indicated; the wound healed in one month. Second case: resection of five cen-

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timetres of bone in the lower third of radius rendered necessary by the development of a caseous abscess. Wound completely healed at the expiration of six weeks. Third case: Resection of knee joint, five centimetres of femur and two of the tibia removed. Wound completely healed in a month. Fourth case, Resection of hip-joint, which was extensively degenerated; four drainage tubes used. Twenty-seven days after the operation the patient could sit up, and only one drainage hole was left unclosed, from which cheesy matter could still be pressed. From this time the dressing was changed only once a week. The time of the final closing of the wound is not indicated, but at the end of the second month the patient went home; and reported again at the end of the year in good health. Fifth case: Resection of knee-joint. Wounds completely healed at the end of three months. In this case as well as in the one above iodoform bougies had been used in conjunction with the tincture of iodine. Sixth case: Resection of elbow joint. The resection was made on the 9th of June, and the end of September the wound was completely closed.

Dr. S., expresses the opinion that the iodoform and the tincture of iodine work together with good effect; the tincture by its rapid and penetrating action and the iodoform by its persistent slow action. Large quantities of iodoform, however, should not be used.

THE STUDY OF THE RELATION OF SMALL-POX TO VACCINATION will never cease to be of the utmost importance. And we do not wish to see the day when the guardian of the public health shall be conceited enough to suppose that everything is known about the subject which is worth knowing. The following table (by Montague D. Makuna, published in the British Medical), of mortality from small-pox has been prepared for discussion at the International Medical Congress this year. The figures are derived from three decennial reports of the Registrar-General (the last one, for 1871-80 is not yet published.)

A table giving average annual number of deaths of persons from small-pox, at certain ages, to a million persons living at those ages (1) in England and Wales, and (2) in London during the three decenniads 1851-60, 1861-70, and 1871-80.

	(1.) Eng., & Wales			(2.) London.		
Decennials.	1851-60	1861-70	1871-80	1851-60	1861-70	1871-80
All Ages.	222	163	235	276	302	439
Under 5 years....	1,034	654	526	1,296	1,158	1,133
From 5 to 10 yrs..	257	145	283	358	290	579
" 10 to 15 " ..	73	56	137	99	91	286
" 15 to 20 " ..	93	85	197	135	143	346
" 20 to 25 " ..	122	138	299	191	217	469
" 25 to 35 " ..	93	103	238	121	158	387
" 35 to 45 " ..	53	74	167	57	119	282
" 45 to 55 " ..	38	50	111	44	63	182
" 55 to 65 " ..	24	36	71	13	39	110
" 65 to 75 " ..	18	26	46	12	36	63
75 yrs and upw'd's	19	23	35	8	6	58

It is evident from these figures that the mortality of infants is uniformly diminishing, decade after decade, while at other ages, especially in the third decade, it has increased. The ratio of increase at all ages to children under 5 years, is particularly striking. For England and Wales for the three decades, the ratios of mortality of those under 5 years to all ages are, 4.6 to 1, 4 to 1, and 2.2 to 1; and for London, 4.2, 3.8, and 2.5. This diminution of ratios, decade after decade, proves the protective power of vaccination among infants, notwithstanding the increasing rates at all ages. But it is also evident that the rate of mortality for infants is higher than all the several ages, principally because a large number of them die before they are vaccinated during epidemic years. Having devoted considerable attention to the study of this subject, and having made personal observations in many places in the country and town, I can state that a large number are vaccinated before they are three months old, when the human blood has not attained sufficient stamina of life to undergo the constitutional change through vaccine-virus that could be looked upon as protective. Vaccination is a question of national importance; and, as we vaccinate the population to protect them from small-pox epidemics, it becomes our bounden duty to inquire how far

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the grounds on which an "Act to extend and make compulsory the practice of vaccination" is justified. While going into committee after the second reading of the Bill, Lord Littleton stated that the object of the compulsory vaccination would be best accomplished by means of registration. The grounds upon which he urged the bill were, first, that the medical profession was unanimous in considering vaccination as a preventive of small-pox; secondly, looking to the last fifty years of the last century, and the first fifty years of the present century, the increasing diminution in mortality during the present century was due to the increasing practice of vaccination; thirdly, in those European States where vaccination was compulsory, the mortality from small-pox was taking up a small figure compared with France, England, and other countries where it was not; fourthly, the existing system of voluntary vaccination, although progressive, was attended with serious and important imperfections, exceeding irregularity, uncertainty, and inequality, for various reasons. The figures in the above table give abundance of thought for study, especially for those taking part in State medicine. I can throw out one suggestion, viz.: the time of vaccination should be increased from three to six months. This would, in fine, remove the popular prejudice of ascribing many ailments of children and many deaths to vaccination, and, in my opinion, would afford better protection against small-pox.

Insane or Thirsting for Sensation?—A.W.Waldemar Roeckel,in England,has been experimenting with anæsthetics to ascertain whether it would not be practical to anæsthetize animals previous to slaughtering them for the market. It would, perhaps, be well if he should attack the lion in his den, by experimenting on the few thousand hogs slaughtered in some of our packing houses daily. Death could scarcely be rendered more instantaneous and less painful than our enterprising business men have made it. If he would experiment with a powerful current of electricity death might be rendered more instantaneous, only the carcass might also be useless.

Pennsylvania State Medical Society on Vivisection.—Diversity is the spice of life, only sometimes the spice gets into the wrong dish, or else in too large quantities. Anti-vivisectionists and anti-vaccinationists, we suppose must and will contribute towards the make-up of the world, and if they do not take on a fungus growth, and swell out of proportion to the complex organism of society, their influence need not be regretted. Just now, however, in England the anti-vivisectionists are seriously hampering the progress of physiological inquiry, as the law on the question in that country amounts to an actual prohibition; and yet the same men who will thus hamper the inspiration of zealous workers for the benefit of humanity, will hunt down a poor fox or a hare with the flourish of trumpets, and sustain bets on who can mangle poor innocent pigeons the most or least efficiently. If those who continue to agitate the question would give themselves the trouble to know something about the character of the men who make such investigations, their zeal would be greatly tempered, or their madness would be increased to find they had no case. Why Ludwig of Leipzig, or Stricker of Vienna, and many an other physiological investigator have hearts so full of genuine tenderness that even an anti-vivisectionist, if within the charmed circle, could not withstand its benign influence. We are glad to quote from the proceedings of the Pennsylvania State Medical Society on this subject as follows:

"A communication received at the last meeting from the Anti-vivisection Association, asking that the requirements of experimental medicine and physiology be defined by law in order to avoid unnecessary cruelty, was reported upon by a committee to which it had been referred, of which Dr. S. Weir Mitchell was chairman. In the reports all attempt to control vivisection by law were deprecated, inasmuch as vivisection had been almost completely stopped in England by the law requir-

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ing licenses to be taken prior to performing experiments upon animals. Dr. Mitchell stated that he had applied for snake venom to the government officers in India in order to pursue some investigations upon its nature and effects, and that assistance had been granted to him to conduct experiments in America which could not be conducted in England on account of the law. The passage of the following was recommended:—

" '*Resolved*, That in view of the attempts which have been or are to be made to obstruct by restrictive legislation the progress of experimental medicine, this Society desires to express its earnest conviction that experimentation on animals is a most useful source of knowledge in medical sciences; that it is the means by which many important discoveries, both practical and scientific, have been accomplished; that its direction and supervision can be properly intrusted only to members of the medical profession, and that its restriction or prohibition by law would inevitably retard the acquisition of knowledge in respect to healthy and morbid actions, the cause and prevention of disease, and the improvement of the medical art.' "

WHO SHOULD SHOULDER THE BLAME?—The Medical and Surgical Reporter, Philadelphia, quotes an expression of, we suppose, a gynecologist before the county society, "Women are dirty creatures, anyhow." The mental calibre of one who would father or adopt such an expression is certainly tainly rather contracted. It is a kind of epigrammatic sentence which is apt to create a titter in an assembly but is certainly without worth or reason. Women are certainly as clean as men and probably cleaner, if we attempt a fair comparison. If the vaginæ of some women are dirty it is most frequently because dirty men have been polluting them; and even then, they will frequently compare well as to cleanliness with the penes of those whose superior cleanliness is inferred. Supposing, however, that the statement is true and that women and man alike neglect the necessary care of the genitals, who should shoulder the blame? Why, in a great many cases the family physician. It devolves upon him to remove that false modesty which is associated with any investigation of the genitals, by the simplest, plainest matter of fact explanation of the necessary care which should be given to such organs. It is by this plain matter of fact instruction, also, without any implied secrecy that we can the most efficiently overcome that tendency on the part of the young to masturbate on the one hand and on the other to rush to quacks when they get into difficulty. If men and women are negligent relative to the necessary attention to be paid to the genitals it ill becomes those who live on the consequences of such neglect to sneer merely at the ignorance of those who in the course of human industry have not been able to make a special study of such organs.

CHANCRE OF THE TONSIL.—Dr. R. W. Taylor, before the New York Academy of Medicine, discusses the history of chancre of the tonsil, referring to four cases of the same which he had seen personally, too which had been reported to him, and seven which had been reported by European writers. He concludes and regrets to think that it is not so seldom as is supposed, and sums up the points of diagnosis of the latter as follows:—

1. The details of the manner of infection.
2. The slow development of the lesion, running a subacute course.
3. Its unilateral position.
4. Difficulty of deglutition, and even pain, which is referred to one side.
5. The special implication of the pre-auricular gland.
6. The comparatively little induration and enlargement of the glands at a distance.

DR. ALFRED STILLE received from his medical colleagues a well merited mark of esteem in the form of a complimentary dinner which took place in Philadelphia, on June 5th. The president of the College of Physicians, Dr. DaCosta, presided, and covers were laid for seventy-seven. Among the invited guests were Drs. Austin Flint, of New York;

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George C. Shattuck, of Boston; J. S. Billings, of Washington; R. S. Ives, of New Haven, and Traill Green, of Easton. The profession of Philadelphia was represented by its prominent members. After the menu, Dr. DaCosta proposed the health of the guest of the evening, delivering a beautiful and eloquent eulogy upon the career and character of Prof. Stille; we regret that space prevents giving it in full. The following are some extracts:

In truth, it is a great occasion which calls us together. When, at the end of a long and distinguished career, those who have labored with or alongside of a man; who have been his pupils, his associates, his colleagues; have striven for the same offices, have vied with him in generous rivalry, voluntarily meet to testify their friendship and to mark their approbation of his life, it is, indeed, a memorable event, not only to him, but to his calling. And we are giving all that we have to give. We cannot bestow on you an order of merit, such as a government in some countries might bestow. No ribbon of the Bath, no ensign of the Legion of Honor; no Iron Cross can be placed on your breast. Nor can we crown you with a civic crown, with its appropriate inscription *ob cives servatos*. Yet your crown of triple oak, accorded to you now by the representatives of your own profession, for a life of valuable services, will be no less a mark of preeminence, because it will have to rest invisibly on your brow. * * *

But you must look upon yourself as being with us on an occasion in which your claims are being summed up at the bar of American medicine—claims not alone for to-day, but for posterity; and in which the advocate may plead the more earnestly, because he feels the consciousness of an assured verdict. * * *

Stillé, the author, has produced works, the learning and style of which are ornaments to American literature, and in whose pages discriminating language is as conspicuous as grace of language. The great treatise on Therapeutics and Materia Medica has been described by a foreign journal as a work on medicine of a kind rarely seen, so ponderous in its dimensions, so fascinating in its contents.

Stillé the professor has been remarkable for the fullness and accuracy of his discourses; the eloquent denunciation of new names given to old things; the conscientious attempt to keep abreast of the times in an ever-widening subject; the admirable exposition of the matter; the clear, sonorous delivery. In the occupancy, for twenty years, by this scholarly physician, it is certain that a great chair—the chair of Rush, of Chapman, of Wood, of Pepper—has lost nothing of its fame. * * *

But, sir, it is not the author, the teacher, the worker for public objects only, whom we hold dear. If your titles were these alone, however much we might respect them, we should scarcely be here to honor you to-night. Better than Stillé the author, better than Stillé the teacher, better than all, is Stillé the man. No meretricious schemes to make gold jingle in soulless pockets attach to your name. A life of probity, a high sense of honor, uniform courtesy, have endeared you to us. * * *

But it must be confessed that, as yet, some of this love of work, with the desire to instruct which comes with it, takes doubtful means of expression. For the advancement of the profession, it does not seem absolutely necessary that wherever a railroad opens a new country, and a prosperous little town attracts eight doctors, there should be at once two medical schools. Nor is it clear why the establishment of every post-office should quickly be followed by a fresh medical journal. And in these journals it is a little trying to him who endeavors to keep himself informed of the literature of the day, to find in six out of ten, articles to prove that opium will make you sleep, and is dangerous if too much be taken; that castor oil has purgative properties, and is not relished, especially by children; that it is difficult to prescribe for malarial diseases without using quinine; and that aloes is bitter and may gripe very unpleasantly. One might pardon some neglect in these lively authors to let their overflowing plethora of knowledge run off into the common stream. * * *

Honored guest: Be it in connection with the Medicine of our country, or, better, as a summary of your whole career, it seems not inappropriate to apply to you the words of Cicero: "*Omnia summa consecutus es, virtute duce, comite fortuna.*" If you have attained the highest rank, with virtue leading the way and fortune attending, it will so remain to the end. During the many years of vigorous life which we fervently hope are still before you; wherever you elect to pass these years, whether in the seclusion of your home and in lettered ease, or in visiting the scenes of former travel and early studies; in whatever clime; whatever skies may cover and sun shine on your path—with you will be the affectionate regards of those who surround you to-night, and of the far larger body of which

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we are only the temporary representatives; and you may know and feel that hundreds are joining now, and will always join us, in the wish: "Health and long life to Professor Alfred Stillé."

Dr. Stillé, on rising, was greeted with prolonged and enthusiastic applause, and he spoke as follows:—Mr. Chairman and gentlemen:—The cordial welcome you have given me on this occasion, which I regard as one of the most important events of my life, and the terms in which you have expressed what you conceive to be the judgment of my professional brethren, would give me unalloyed pleasure were it not that I missed from this company the one to whom I am proud to acknowledge my debt for so great a distinction. He has gone to his endless rest, venerable for his years and resplendent with honors nobly won. I should be unjust to my own feelings did I fail to do that homage to his memory which is the only return it is possible for me to make for a long series of acts which were among the most grateful of all the commendations that my professional life received.

You, Mr. Chairman, have mentioned some of the posts of trust and honor confided to me at different times. All of them I owe to the unsolicited favor of my medical brethren, and I am proud to acknowledge it as the making of my history. Whatever I might have attempted, I should have achieved but little without their encouragement and approbation and certainly never should I otherwise have reached that period of serene retrospection and repose which is the evening of a happy and not uneventful professional life.

This goodly company, these cheerful and hearty greetings, these glowing lights and festive ornaments that attend my retirement at the appointed period of three score years and ten, appear to me like the flowering of the plant that is fabled to bloom but once in a century, for all else in my professional career seems tame by comparison. The column, such as it was, that I endeavored to construct and rear in the temple of Esculapius has to-night been crowned with a capital on which is lavished all the elaborate ornamentation of the Corinthian style. I can only hope that the plainness of the structure will do no injustice to the richness of the decoration.

In looking from this eminence adown the road I have traveled since entering upon my professional studies, it is impossible for me to doubt that in men's lives apparent accidents may determine their course and issue. While still a medical student two of my fellow-townsmen returned from abroad glowing with the fire they had caught in Paris, the then acknowleged centre of medical science. Gerhard and Pennock were the apostles of the school of observation under whose preaching I became a zealous convert. As soon as it was possible I hastened to the enchanted scene of their European labors, to be stimulated still further by the recent memories of Jackson and Bowditch, and Holmes, of Boston, and to enjoy the salutary companionship of Dr. Shattuck, of Boston, who still survives, and is at my side to-night to do honor to his old friend and to your invitation. And there is still another before me, venerable in all that pertains to old age except its weaknesses —Medical Director Ruschenberger, U. S. N. —with whom I, at the end of two years, made my homeward voyage of six weeks' duration, and cemented a friendship that has survived the test of *tempus edax verum*. It is not often given to a man to revive associations such as these, nor to feel that time, which destroys so much, yet sometimes spares what is best in our experience of mankind.

During one of my summer holidays, while abroad, it was my lot—less vulgar then than now—to climb the Alps and observe the expedients used by the mountaineers in ascending the icy peaks. I noted the laborious industry with which they cut for themselves footholds on the slippery steep, and so mounted slowly but steadily to their destination. This method profoundly impressed me at the time, and I said to myself, "Surely in such wise must one hew his way to fame and fortune; and whether the point to be attained be the highest peak of all, or only some humbler hill-top by the way, it was clear that whatever else might win, *improbus labor omnia vincit*." What seemed revealed to me then among the sublime solitudes of nature has been echoed by a thousand voices along the whole pathway of my life. It came to me also, like a voice from the tomb, in the words of an old family motto, *Innocenter*, *patienter*, *constanter*, and it was repeated in the history of all the men I have known who secured for themselves a steadfast place in their day and generation. I cannot doubt that in the bosom of every one who hears my voice there is felt a silent attestation of its truth. It has been the key note of my teaching as well as the guide of my actions, and, therefore, how little soever of the good that has been attributed to me by your partial voices may in reality be mine, I owe it all to the lesson of steady industry and undaunted perseverance that I learned from the Alpine mountaineer.

And now let me simply add that "the crown of triple oak" which you crowned me withal

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to-night, will preserve its freshness through the remainder of life, and will be preserved by those who succeed to my name as more precious than gold or jewels or any material badge of honor.

Speeches were also made by Drs. John S. Billings, Austin Flint, Sr., George C. Shattuck, and others. We, also, extend to Prof. Stillé our congratulations, and are sure our readers join us in wishing that his declining years may be full of that happiness and contentment he has earned as one of the greatest and most conscientious of medical writers and thinkers.

We hope he may live many years to fight the numerous therapeutical frauds—if we may use the expression—which abound in this country, and are nowhere more numerous than in his own city.

In the Management of Face Presentations Edward L. Patridge, M. D., recommends that when the os is nearly or quite dilated, the face not engaged in, or at least capable of being readily lifted from the pelvic brim, the bag of waters unruptured, the vagina capacious, that chloroform be given and the palms of the fingers be passed over the occipital bone, pressing firmly against it, and making traction downwards, this will produce a flexion of the head.

Some Causes of Infant Mortality is the subject of an editorial in the London Practitioner. After considering the various matters in detail, the article is summarized as follows: From these extracts it is evident that amongst the conditions leading to high child mortality in various parts of England, many are of a class which do not, as a rule, come directly within the cognizance of sanitary authorities and their affairs, and that the action necessary for their prevention lies rather in the adoption of measures tending to educate and elevate the lower classes than in the enforcement of mere sanitary regulations. The sale of poisonous narcotics under the guise of names which in no way indicate thier dangerous character, the extent to which deaths are uncertified, and the operation of clubs in furthering high rates of infant mortality are, however, conditions which will not be effectually dealt with without some legislative interference. We may well take this to ourselves, as the tendency here is to follow very rapidly in the footsteps of the mother country, at least in so far as regards the above subject.

The Movements of the Brain is a subject that has occupied the attention of the Paris Academy of Medicine for some time. At the meeting held on May 29th, M. Lappey gave as the result of his observations, the following conclusions: 1. The absolute or cadaveric weight of the encephalon is about 1358 grammes in man, and according to Broca, 1359. In round numbers it may be said to be 1350. 2. The physiological weight is, at the maximum, 45 grammes. But more close approximations may perhaps show that it may be lowered to 40, 35 and even to 30 grammes. In the first instance it represents $\frac{1}{30}$ of the absolute weight, and the others from $\frac{1}{40}$ to the $\frac{1}{45}$. 3. The encephalon rises immediately on the base of the skull, which bears its markings; the cerebro-spinal fluid, which is lighter, is above against the roof of the skull, and lies chiefly on the external surface of the hemispheres which it keeps away from the long walls, thus keeping them always smooth and polished. 4. The cerebro-spinal fluid is distributed in the cavity of the skull in such a way that only one-quarter is in the lower part of the encephalon, the remaining three-fourths being in the upper part.

The Possible Dangers, Immediate and Remote, of Trachelorrhaphy is the title of an article written by Dr. B. Hughes Wills, evidently with Dr. Munde's pencil. In this he shows that 32.0 per cent. of parous women are lacerated, that 10 per cent. of the whole number of fertile women require operative interference to restore them to a condition of health so far as the cervix uteri is concerned. He takes the statistics of Baer, Montgomery, Ill and Van de Werker, and

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shows that 25.4 per cent. bore children after Emmet's operation. As to the effects of the operation upon subsequent labor 80 per cent. were not relacerated. From the collection of facts, statistics, etc., he makes the following résumé:

1. Primary hemorrhage is easily controlled by traction exerted upon the cervix, or by one or more sutures passed under the bleeding points.

2. Secondary hemorrhage is rare, but a serious danger; deep suture, twisted tighter on the side from which the bleeding comes is the treatment.

3. On account of secondary hemorrhage it is a question whether it is not best and wise to defer the repair of the lacerated perineum to some time after the closure of the cervical rent.

4. Menstruation coming on before the removal of the suture does not necessarily cause trouble.

5. Non-union occurs in about eight per cent. of all operations.

6. Serious inflammation is a not very infrequent sequence and even death occasionally follows.

7. Trachelorrhaphy does not cause sterility.

8. After the operation there is less liability to subsequent cervical laceration than there was at first.

Lawson Tait writes a letter to the Am. Journal of Obstetrics in which he says that Dr. Thornton uses listerism as strictly as he knows how to do it, while his colleague, Dr. Bautock, does not use it at all, and the figures of the surgeons at the Samaritan Hospital show as follows:

Bautock 22 cases with 2 deaths.
Thornton 12 cases with 5 deaths.

An Essay on the Lochia and Micro-Organisms has been published by Dr. Eustache of Silli. He finds the microbes in both normal and pathological lochia. He accords with Bechamp's theory, and thinks that microbes have their birth-place in the uterus. Dr. Doteris refutes the arguments of Eustache, and says that fatty granulations were taken for microbes, and that culture tests were not employed.

To Prevent the Erythema from the injections, in puerperal cases, of the bi-chloride of mercury, Pinard has substituted the following:

℞

Binodide of mercury	5 grms.
Iodide of potass -	5 grms.
Water - - -	10 litres.

Fuchsine to color.

Dr. Charpentier (Acad. of Med. March 4, 1884), prefers as an antiseptic the sulphate of copper 1:100.

CONTRIBUTIONS.

REPORT ON SURGERY.

By Roswell Park, A. M., M. D., (Professor of Surgery. Buffalo Medical College,), Buffalo, New York.*

Read before the Illinois State Medical Society, May 20 1884.

[concluded.]

It will not be out of place here to refer to the extirpation of goitrous tumors. It is but a few years since the removal of such a tumor was, in this country at least, regarded as a surgical exploit on the one hand, on the other as an almost unjustifiable measure. As showing, however, with what impunity it is now done, I would refer to a report made by Kocher, of Berne, to the last Congress of German Surgeons. He there stated that up to that time the operation had been done two hundred and forty times, he himself having made it one hundred and one times, with a mortality rate in his own non-malignant cases of only 5 per cent., while in his fatal cases death was only indirectly due to the operation, owing to such complications as paralysis of the larynx, etc. He considered the technique of the operation well established, and that it was possible to prevent serious hemorrhage as well as injury to the recurrent nerves.

At the same meeting Wolfler reported sixty-eight extirpations made by Billroth, with a death rate of 7 per cent., including three fatal cases of tetanus.[1]

1. Centrlblt. f. Chirurgie, 1883, No. 23, Beilage.

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Recent Surgery of the Abdomen and Œsophagus.

Since our last meeting resection of the pylorus has been several times performed by Kocher, Maurer, Billroth and others; and at least in two of these cases with apparent success or notable prolongation of life.

Czerny has modified the operation of resection for intractable ulcer, first performed by Rydygier, by opening the stomach transversely to its long axis, through the lesser curvature, scraping the ulcerated surface away, covering in the defect by sliding the mucous membrane and stitching it, and finally removing the base of the ulcer by excision of the elliptical portion of the entire thickness of the stomach wall, and closing this opening by the usual sutures. His patient so completely recovered as to gain twenty pounds in three months.

Along with this should be mentioned the operation devised by Loreta for cicatricial stenosis of the pyloric orifice following ulceration.[1] He makes a gastrotomy and then expands the stenosed pylorus by forcible dilation, after which the stomach wound is closed again. This operation has been done at least nine times in Italy and elsewhere on the Continent.

Several gastrotomies for relief of cancerous stricture of the œsophagus have been reported within a year. Knie has reported three;[2] the first died after thirty-six hours from perforation of the cancer into the left bronchus; the second lived eight months and died of paralysis; the third was living at the time of making the report one month afterwards. Kitajewski has recorded another case which lived twenty days and then died suddenly.[3] Others have been placed on record by Butlin,[4] whose case lived three weeks and a half and died from perforation, and by LeFort,[5] whose case lasted only one day. Le Fort gives statistics of one hundred and five gastrotomies, of which seventy-six (=72.4 per cent.) died within thirty days after operating.

Of these;	11.....	died in	1 day.
	21.....	" "	2 days.
	10.....	" "	3 "
	20.....	" "	4 to 10 "
	11.....	" "	10 to 20 "
	3.....	" "	20 to 30 "
	2.....	" "	30 to 40 "
	1.....	.....lived.....	40 "
	1.....	"	69 "
	1.....	"	2½ months
	4.....	"	3 "
	2.....	"	4 "
	1.....	"	5 "
	1.....	"	6 "

1. Annati univ. di med. e chir. Jan. 1883.
2. St. Petersburger Med. Wochschft, 1883.
3. Wratch, 1882, No. 37.
4. Br. Med. Jour. 1883, April 14.
5. Gaz. des hôpitaux, 1883, No. 90.

Prof. Sands, of New York, has fully and admirably discussed[1] the value of internal œsophagotomy in a paper which supplements one published early last year by Mackenzie.[2] The latter could only collect eleven cases of internal section for cicatricial stricture, of which three were fatal. To these Sands adds another which was gratifyingly successful. It was performed with an instrument of his own device which is to be considered an improvement on any yet constructed, and which performs a retrograde section.

Further than this in this direction Bergmann has carried out a suggestion of Schede's in a case of impassable stricture near the cardiac orifice. He first made a gastrotomy; later he inserted a sound into the upper end of the œsophagus and tried to make it meet his finger introduced through the stomach opening from below, but a membranous septum was found to intervene. A metal clamp was then used to perforate this septum from below and grasp the lower end of the sound introduced from above and to thus pull it through. Perforation once accomplished in this way the opening was dilated with sponge tents and sounds till it admitted bougies an inch in diameter. After this the stomach opening was closed by a plastic operation, the function of deglutition being perfectly restored, and steady dilation by œsophageal bougies practised.[3]

To Czerny we are indebted for a definite proceedure for resection of the œsophagus. His proceedure has been unitated by Novaro,[4] of Turin, who, having diagnosed epithelioma of the gullet, cut down upon it and exposed it to view. Having separated it from the trachea and isolated it, he made the lower section two ctm. below the tumor, fixing the tube below with silk stitches. The upper portion to be removed, was about seven ctm. long. and involved a portion of the pharynx. It was also necessary to remove the posterior arytenoid muscles. On account of threatened asphyxia, tracheotomy was also performed. An œsophageal tube was slipped through the wound, and after a week was placed permanantly in the mouth. A month later, the remaining fistulous opening was closed by a plastic operation. Three months later the patient was still wearing the tube.

Besides the above reports, we have other notable contributions to surgery of the œso-

1. Philad. Med. News, Feb. 9, 1884.
2. Am. Jour. Med. Sci. 1883, i. p. 420.
3. Deutsche Med. Wochschft, 1883, Oct, 24.
4. Deutsche Med. Wochschft. 1883, Dec. 9.

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phagus in two recent cases of Gussenbauer's, in which external and internal section were combined, as follows: His first case was one of traumatic stricture (sulphuric acid) extending from the level of the cricoid cartilage to that of the bifurcation of the trachea. He first made external œsophagotomy in the usual way, and slipped a small probe through the tortuous stricture, and over this a grooved director.

Withdrawing the probe, he passed in a herniatome and cut to the right and to the left, without hemorrhage. At once he could introduce a number eight catheter into the stomach. After this, the balance of the work was easy, and the patient was nourished by a large stomach tube. Owing to her own carelessness, a repetition of the operation became necessary and was equally successful.

The second case was that of a child two and a half years old. The operation was similar, and had a like happy result.[1]

Bergmann has recently imitated this procedure in a case of stricture from oxalic acid, and has also had a successful result.[2]

Passing now to other, though kindred subjects, I would refer briefly to an editorial in the Phila. Med. News of Feb. 2, 1884, in which attention is called to resection of intestine for the cure of artificial anus, and to the uncertainty and tediousness of Dupuytren's operation by which it is intended to destroy the spur-like process by the enterotome. It shows that Kinloch, of Charleston, S. C., was the first to practice abdominal section with intestinal resection and suture for the relief of this most undesirable condition. In this editorial to the twenty-nine cases analyzed by Bouilly and Assaky[3] are added eight others, making together, thirty-seven instances of this operation for this particular purpose.

To these I am able to add another by my colleague, Prof. Mann, of Buffalo, and myself; our patient, already in a desperate condition, dying shortly after the operation from œdema of the lungs.

Of these cases, twenty-five were complete cures, and one failed. This method presents, therefore, a mortality of 31 per cent. as against 9 per cent. by Dupuytren's; and yet it seems to me the plan to be adopted in the majority of more serious cases.

Resection of the intestines for gangrenous hernia has been marked also by a large mortality rate of 65 per cent.,[4] but this is not surprising when the condition precedent to operation is considered; still we may hope when the operative method is better understood and less hesitation is felt about carrying it out, that this will be considerably diminished in the future.

It is worth while also to call attention here to an operation, or rather a combination of operations, performed by Billroth, which, though made in 1881, was only published last year. A woman aged 29, suffered from malignant growth affecting both ovaries.

This condition, with one of extensive adhesions, was diagnosed, nevertheless Billroth undertook to operate. In due time he discovered firm adhesions to the posterior wall of the bladder and to a loop of intestines. Rather than leave these malignant growths behind, he removed from the bladder wall a piece three centimeters long by two wide, and closed the defect with silk sutures. Following this, he excised twelve ctm. of small intestines, and sewed the ends together. After this formidable procedure, he removed the main tumor, and closed the wound without drainage. Recovery without unpleasant reaction followed. Fifteen months after there was no sign of recedive.[1]

Another case which puts interference with abdominal growths in an almost new light is that reported by Sklisfassowski, of Moscow, being the second of the kind in his own practice. A young woman had an immense tumor located apparently in the abdominal wall and extending from the ribs to Poupart's ligament on the left side. It was diagnosed as sarcoma. At time of operation it was shown that not only the abdominal muscles, but the peritoneum also, were involved. Accordingly flaps of integument were dissected off, the entire tumor with the attached peritoneum removed, and the viscera simply covered in by the skin flaps, which were united over two drainage tubes.

Convalescence was but slightly disturbed by a subcutaneous abscess. The viscera contracted no adhesions with their new covering, and with a suitable external abdominal supporter, the patient is perfectly comfortable.[2]

Another abdominal surgical curiosity which I will here introduce, is the following, reported by Gussenbauer at the last Congress of German Surgeons. A healthy man who had eaten a very hearty meal, began to suffer from severe gastric catarrh; shortly after this he noticed a tumor which gradually developed in

1 Zeitschrift f. Heilkunde, 1883, iv. p. 33.
2 Deutsche Med. Wochschft, 1883, Oct. 24.
3 Revue de Chirurgie, 1883, No. 7.
4 Medical News, March 15, 1884.

1 Wiener Med. Wochschft, 1883, No. 2 and 3.
2 Med. Chir. Rundschau, 1884, Jan. p. 30.

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the epigastric region. Eight weeks after, in the hospital, Gussenbauer was able to outline a fluctuating tumor, evidently behind the stomach and retroperitoneal, and probably of a cystic nature. Symptoms of abscess were wanting. At the operation the abdomen was opened in the middle line, the stomach separated from the colon, the peritoneum carefully stitched to the cyst wall with silk, and the cyst then opened. Some 1,900 ctm. (sixty ounces) of fluid were evacuated; microscopical and chemical examination showed this to consist of altered blood. Examination of the cavity showed it to be retro-peritoneal, and lined with soft excrescences. After washing it out, the abdomen was antiseptically dressed. The region of the wound soon became covered by an eczematous eruption; whereupon the discharges were chemically examined and found to give a strong alkaline reaction, and to change starch into sugar. It was, therefore, evident that the tumor was a cyst of the pancreas. Recovery was perfect.[1]

At the same meeting Kulenkampf, of Bremen, reported a similar case, with recovery; the trouble resulting after injury.

Homans has reported two operations for immense retro-peritoneal fatty tumors, in one case weighing thirty-five pounds, in the other twenty-five. Both operations were long, extremely difficult and bloody, and were followed by fatal collapse.[2] The condition is a rare one, only one other similar case being on record.

Operations for the radical cure of hernia are now become so common as to scarcely occasion remark, and yet, when one can secure statistics of a large number of cases, it is worth while to study them. Czerny's method is the one which the writer cordially advocates, and of which he has met with statistics including some half a thousand operations.

It is stated in the Med. Times and Gazette[3] that the operation has been done by different surgeons in and about Liverpool at least one hundred and twenty-five times without a death. Besides these, Leisrink, of Hamburg, has collected a series of 399 cases. Of these 202 were done deliberately, with fifteen deaths; while 188 were cases of strangulated hernia, in which Czerny's suture method was combined with that for the relief of strangulation, of which only thirty-three died—a small mortality rate, all things considered. Summing up deliberate operations we have reports of 327 cases with fifteen deaths. To these we might add some thirty odd cases, a few of them my own, the balance from the practice of surgical acquaintances, without a death. So that we can note at least 360 deliberate operations for this serious condition with a mortality rate of about 4 per cent.—a small one, considering how much is accomplished.

Although regard for your time compels me to neglect the matter of recent surgery of the kidney, it has not been neglected in actual practice, several cases of extirpation, incision or suturing in place having been reported within the year, and with the average success.

PERSONAL EXPERIENCES.

And now if I may be permitted a short reference to personal experiences I would like to refer, very briefly, to the following cases met with and operated on during the past few months.

I have lately reported two cases of suture of nerves, one of the sciatic, the other of the radial, both perfectly successful, with some commentary on the general subject.[1] Though this operation has been made but few times, it is destined to take place among recognized measures, whether as a deliberate and secondary one, or performed during surgical emergencies.

In the course of the same paper, I related five cases of elongation of nerves, and two of exploration of the brain with the aspirating (hyperdermic) needle after trephining. I put the latter on record on purpose to show what I consider the harmlessness of the procedure and the possible good that may result. Since doing this I find my practice sustained by that of more than one surgeon of eminence, among them no less authority than Billroth.

Twice during the past winter I have had occasion to perform median perineal section with digital exploration of the bladder, partly for diagnostic purposes, in each case, partly as a cystotomy for the relief of obstinate cystitis. Cystotomy done for this particular purpose was a suggestion first made by the late Willard Parker, but the method by which I have performed it is that fully described by Sir Henry Thompson and known as 'median perineal section,' as above; the section of the urethra being only in the membranous portion, easy access to the bladder being gained by full dilatation of the prostatic portion. This method is simple, easy of performance, presents a minimum of danger, and commonly gives great relief to the distressing condition requiring it. The

1 Centrlbt. f. Chirurgie, No. 23, 1883, Beilage.

2 Boston Med, and Surg. Jour. 1883, No. 11, March. 15th.

3 Dec. 29, 1884.

1 Weekly Medical Review, 1884. May 17.

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greatest difficulty usually met with is that of keeping open the passage for a sufficient length of time.

Another case of some interest as showing the tolerance of the bladder is that of a man, aged thirty-seven, with a very large phosphatic calculus in an extremely irritable, contracted and thickened bladder. He came to my clinic, emaciated and distressed beyond measure by the constant pain and stillicidium of urine. Examination revealed a very large stone, too large to be removed by any cutting operation except possibly the supra-pubic; moreover, his condition was such as to render any cutting operation very hazardous. After ten days preliminary treatment and rest in bed I anesthetized him and proceeded to crush the stone. This was so large and the bladder so contracted that the operation was one of great difficulty and long duration, owing to its being so hard to properly seize the calculus without injury to the bladder walls. On this account the operation was prolonged far beyond conventional limits, even of lithotrity at a single sitting. He was under the influence of ether for two hours and twenty minutes, at which time, owing to his condition, I desisted. By this time I had removed with Bigelow's latest washing bottle detritus, which, when *dry*, weighed 1,290 grains.

From this prolonged operation he recovered without untoward consequences of any kind. Two weeks later I again anesthetized him and removed 46 grains (dry) more of calculus material, after which careful sounding revealed nothing. After ten days he went to his home at some distance, able to hold his water for four hours, and having gained largely in strength and flesh. The total of dry material removed, in his case, was 1,336 grains.

Did time and space permit, I would like to mention, among other matters, the excellent results I have obtained with carbolic acid injections for the radical cure of hydrocele, according to Levis' plan; and with ignipuncture in the treatment of tuberculous affections of bone, especially in the neighborhood of joints. Concerning this latter subject, however, I have prepared another paper which I shall soon present in print, it being too long to include in this report.

Lastly, I would refer to a case of empyema with spontaneous perforation, which I had an opportunity of seeing in the Erie County, N. Y., alms-house, under the care of Dr. Slacer, of Buffalo. The patient was a negro, aged twenty-two, who, in November, 1882, had pleurisy (on the right side) which ran into empyema. Early in September, 1883, his chest was aspirated for this condition, at the alms-house, and a large amount of pus withdrawn. Some days later his abdomen being greatly distended, the doctor passed in a trocar between the pubis and umbilicus,and drew off a slop pail full of pus.

When I saw him, his condition was one of extreme dyspnœa, heart pushed way over to the left, abdomen distended, a slough at the umbilicus, through which pus was constantly oozing. Regarding his condition as one of most extensive burrowing of pus, which had escaped from the empyemic cavity, I counseled free operation, and was present when this was performed. A free incision in the middle line from the umbilicus upwards revealed a most extensive separation of peritoneum from the abdominal muscles, and the formation of an immense abscess cavity which we found to extend above the liver, down to the pubis with deep pockets on either side the bladder, and laterally around even back of lines drawn from the axillae to the iliac crests. Opening was made into the chest by excision of a rib, and two quarts of pus evacuated in this way. Counter openings were made above the pubis, at the sides, and elsewhere as needed, and provision for free drainage thus established. Iodoform dressings were used.

The patient rallied well, lived six days, and died of acute pleurisy of the other side, as shown by autopsy.

This is the most remarkable case of the kind that I have found any account of. In my own opinion the original perforation was through the diaphragm above the liver and its reflection of peritoneum, so that pus once having escaped broke down the subserous cellular tissue throughout almost its entire extent.

And now I must bring my paper to a conclusion. It has been too short to do even scant justice to the subject, but may even yet have wearied you. And still I cannot close without a tribute of respect to two of the eminent surgeons of our country who have but so recently joined the majority, whose death knell is even yet ringing in our ears. I refer of course to Willard Parker, of New York, and Samuel D. Gross, of Philadelphia. Each had achieved an eminence to which few can can attain; each exerted a most wide-spread influence as a teacher, each lived to see hundreds and thousands of pupils putting into practice everyday the results of his long months and years of tireless study. The life work and methods of each were full of instruction and most worthy of imitation. None were more noble in a profession of rec-

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ognized nobility and heroism. And theirs be the crown as theirs were the labor and the toil in unselfish effort to benefit their fellow men. Of none more truly than of these is Cicero's statement true—

"Homines ad Deos nulla se proprius accedunt quam salutem hominibus dando," which thought was simply repeated by Voltaire when he wrote—

"The man who is occupied in restoring health to his fellows, from pure benevolence, is far above all the grandnees of this earth; he belongs to the divinity."

Buffalo, N. Y., May, 1884.

TWO CASES OF RHEUMATIC GOUT:

BY FREDERIC S. SENIER A. M., M. D.

Among the most unsatisfactory cases a physician is called upon to treat are those usually classed under the head of "Rheumatism," but which are, perhaps, mainly due to an excess of uric acid, and would more properly be referred to "gout."

May 15th, Mr. R., æt. 38, presented himself, complaining of stiffness of muscles and joints all over his body, basilar headache, pain over upper lumbar region, frequent desire to urinate, though passing but few drops at a time, and that causing him some pain and leaving a burning pain along the whole course of the urethra. The urine was cloudy and deposited a heavy precipitate. Examination of the urine showed great excess of uric acid and urates. He was a large meat consumer and used liquors moderately, taking little exercise. I ordered him to stop his meat diet, moderate his use of liquors, take regular exercise daily, and after applying dry cups over regions of the kidneys, prescribed the lithiated hydrangea (Lambert's) ℥i 3 times daily, largely diluted with water.

The first two days he stated that his urine was increased in quantity, but was very cloudy and deposited a copious sediment, though his headache and muscular stiffness, etc., had departed. Advised him to continue the medicine and take largely of mucilaginous drinks. To-day he says he is a "well man," and says he feels twenty years younger.

The second case was one of a similar nature in a man of 65, who complained of an irritable bladder, frequent desire to urinate, and pain along course of urethra following the act. Prescribed the lithiated hydrangea in ℥i doses every four hours, largely diluted, and warned him to be careful about his diet. In one week's time he was urinating normally, and was, to all appearances, well.

I believe the combination to be a happy one, and well suited to these troublesome cases, particularly where we have to treat the patient surrounded by the usual conditions of excesses at table and little exercise.

Waukesha, Wis., May 30th, 1884.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

Stated meeting, May 17, 1884.

DR. RUMBOLD read a paper on

THE TREATMENT OF HAY FEVER.

DR. WATKINS.—For eight or nine years, the first years of my practice, I found the treatment of catarrh very unsatisfactory; until recently, I would rather turn a patient away than attempt to treat him; but during the last year Dr. Ohmann-Dumesnil and myself have treated some forty-odd cases of catarrh by Dr. Rumbold's method, and certainly I find it most satisfactory. I have ever since employed his treatment. Recently a patient came to me who had suffered for three years with a most intolerable case of catarrh, and when I attempted to make the first application of the spray I found his nostrils were so thoroughly closed that it was with the greatest difficulty that I could get a No. 5 spray through them. After twelve sittings he said he was perfectly well. After making about five or six applications with the No. 5 spray-producer the spray would stream out of both nostrils justs as clear and perfect as could be desired. I also employed the nasal spray and it returned through the mouth showing the passages to be much widened, and the congested condition of the mucous membrane had disappeared. I gave him general tonics as internal treatment. He declared himself perfectly cured by this method, after being treated by a number of physicians for three years, without any effect. I think the spray is certainly by far the best application that I have ever seen. I have used douches, but the spray meets with my commendation entirely.

DR. POLLAK.—Did you use nothing else?

DR. WATKINS.—I did not use the eucalyptus. I used vaseline and pinus canadensis, and carbolic acid. I would suggest to those who may meet with these cases to try this

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treatment. I did not have much confidence in it, I thought it was some new thing which would soon pass off; but I never afforded a patient such happy relief as I have with this treatment. I have had them express themselves as feeling relieved before they left the office. They felt better before they got out of the chair. They said the relief was very great, much more so than I have ever seen from the use of the nasal douche, and the different preparations such as snuffs and the like which are used for the relief of this trouble.

DR. POLLAK.—What kind of an apparatus have you for compressing the air?

DR. WATKINS.—I use simply a double bulb.

DR. POLLAK.—Is that sufficient?

DR. WATKINS.—That is sufficient. I don't know what Dr. Rumbold uses.

DR. POLLAK.—I would like to ask Dr. Rumbold if, when he makes the application of the spray, he holds up the uvula and velum?

DR. RUMBOLD.—No, sir; I do not touch them.

DR. POLLAK.—How do you prevent their retracting towards the pharynx?

DR. RUMBOLD.—I do not prevent their action; I allow them to hang perfectly loose. I do not disturb them at all. Do not disturb the soft palate, then it will not contract.

DR. POLLAK.—If you go very far behind, it will necessarily retract and fall back towards the wall of the pharynx, won't it?

DR. RUMBOLD.—No, sir; I have never been troubled with any such occurrences.

DR. POLLAK.—You have your two hands, you use your admirable apparatus for compressing the air, but with the hand spray I don't know howone can do that.

DR. RUMBOLD.–I can do the same thing with the hand compressor.

DR. POLLAK.—Dr. Lefferts insists that the velum must be raised, that it is impossible to get the spray behind otherwise, as claimed by you.

DR. RUMBOLD.—That assertion has been made by a number of New York physicians. I am glad Dr. Pollak spoke of it, because I have never had an opportunity to correct the impression. Some of the New York physicians insist that I cannot make an application behind the soft palate unless I hold the soft palate downward and forward. I think that I have patients here in this house whom I have treated by this method, they will know what is done to the soft palate.

DR. WESSELER.—The doctor has treated me, he never touched my palate.

DR. RUMBOLD.—I allow it to hang pendant and free, Of course you may irritate the soft palate and produce contraction in that way, but if it is left untouched it will not trouble you.

DR. HURT.—I would remark that Dr. Rumbold made the application of the spray to myself, to the nasal cavities, and I found this result: that when the spray was first attempted there was some difficulty in controlling the muscular tissues of these parts and contraction would take place to some extent, but after a few applications my nervous system was educated to its tolerance and I could not only allow the spray to be applied but I could dilate the posterior cavity and the spray went in more freely. I could control the muscles.

DR. POLLAK.—You admit at first that you couldn't.

DR. HURT.–At first there was sensitiveness, there was want of confidence, perhaps, and some degree of intolerance of the application on the part of the tissues themselves, and when the spray was applied there would be a disposition to contract, but afterward the applications of the spray were tolerated and I could of my own volition expand the part.

DR. POLLAK.—How many applications were received before this result was reached?

DR. HURT.—Some three or four applications.

DR. MULHALL.—Mr. President, I think I can explain the discrepancy between the opinions of the New York physicians and that of Dr. Rumbold, it is very simple. When the spray is used posteriorly and substances injected which are irritating to the palate a retraction occurs. With Dr. Rumbold's treatment no difficulty is experienced whatever because the substance sprayed is absolutely unirritating. I don't think the New York physicians have ever used Dr. Rumbold's treatment. They don't use the vaseline treatment at all. The applications which they make are almost entirely of substances which irritate and produce a tendency to contract. All substances except vaseline or ointment sprays are irritating to those parts even a spray of distilled water will in a majority of cases cause this palatal spasm. In a very few patients, however,you can use almost any treatment and the palate will not retract. I can confirm Dr. Rumbold's observation in regard to the use of his treatment which I regard as very beneficial in a certain class of cases. I am sorry I couldn't hear the doctor's paper. It is I suppose on the vaseline treatment in nasal catarrh.

DR. DUDLEY.—He goes over the entire treatment.

DR. MULHALL.—I don't know any organ of the body which exhibits so many different pathological conditions than the nose in that one disease of chronic nasal catarrh. To my mind there is such a disease for instance as

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vaso-motor paralysis of the nerves there. I have cured a number of such cases with a small dose of belladonna in the morning and arsenic three times a day. Those cases which I speak of are characterized by an excessive flow of perfectly thin serum from eight to ten ounces a day. This condition is called nasal catarrh, patients call it so. I use no local treatment whatever in that condition, and the result of constitutional treatment has been very gratifying. I have used the treatment recommended by Dr. Rumbold very faithfully since I learned the method two years ago, and I must say that it is very gratifying in one class of cases, those in which the mucous membrane is excessively red, angry, sensitive, bleeding freely on the least touch. In that class of cases it is by far the best treatment that I know of; but there are very many different kinds of nasal catarrh in which the use of the vaseline spray is simply palliative, there is no curative effect from the use of this remedy in such cases. I saw a gentleman, yesterday, who had been for two years faithfully using this spray treatment, and he stated to me that the same condition exists now which was present when he commenced the treatment But again, his was a case of atrophic nasal catarrh which no treatment in the world can cure. Atrophic nasal catarrh is absolutely incurable. In hypertrophic nasal catarrh my best results have been from surgical treatment. I think you will find in a great number of cases of chronic nasal catarrh anatomical deformities, frequently congenital or due to accidents and falls during the first years of life. My first object is to rectify anatomical deformities, to restore the normal respiratory caliber of the nose, to attain perfect drainage, to rectify abnormal tissue contact. I generally teach the patient the use of Warner's posterior nasal douche and instruct them to use it with tepid salt water two, three or four times daily, because I consider absolute cleanliness of the first importance; but we must not depend upon local measures altogether in these cases, we must also make use of constitutional treatment. We must pay every attention to hygienic measures, the patient must be dieted, take exercise, etc. My particular method of treatment in regard to the removing of the hypertrophied or thickened condition of the nose is by the use of the galvano-cautery. In my opinion and experience it is the most valuable means for treating chronic nasal catarrh. I don't care to say much about that because I intend to read a paper at the State Association of that subject; but in my experience the galvano-caustic treatment is for several reasons by far the most valuable in the treatment of chronic hypertrophic nasal catarrh.

Dr. Watkins.—While on the subject, and the spray apparatus is under discussion I would suggest to any gentleman who has a No. 1 straight spray that in a case of intense earache the quickest method to relieve the trouble is by the application of warm vaseline. I have used that in a number of cases, and where the child is old enough I use some opiate with it. I have tried this in a number of cases simply as a palliative measure, and the relief was instantaneous.

Dr. Alt.—Does the doctor mean to apply the vaseline to the ear?

Dr. Watkins.—Yes, sir.

Dr. Alt.—A much quicker method is to put a drop of atropine solution, about a half a grain to the ounce in the ear. But a much simpler method is that used by old women to make a warm application to the child's ear and it will lie down and go to sleep.

Dr. Johnston.—I protest against the dogmatic assertion that nasal catarrh is a local disease, and that the system is secondarily affected. I protest against the doctrine that rose fever or hay fever is the consequence of nasal catarrh in children. In the paper read here last Saturday night a week ago, it will be remembered that the position was taken that hay fever was only a chronic sequence of catarrhal fever in children. Now this comes to every gentleman of observation that children are very subject in their tender age to catarrh and the question arises what do we mean by catarrh? If we mean it is the local irritation of the Schneiderian membrane then this harping on the spray here to-night will be as little logically as practically. Is not all irritation of the Schneiderian membrane dependant upon a general diseased condition not only of the dermoid tissue but of the whole being? Is not the irritation there the consequence of the exposure and change of the atmospheric condition not only of the dermoid tissue but of the whole being? Is not the irritation there the consequence of the exposure and change of the atmospheric condition and peculiar idiosyncrasy of the patient? Then what follows? In a child you have that irritation manifested in the weaker part, that is in the mucous membrane presenting to you the phenomena which we term catarrh; and you will notice that it affects nervous children most frequently. You will find it in those children of a lymphatic or nervo-lymphatic temperament, with fair skin, blue eyes and light hair more frequently than in others. You will see in those cases, that the mucous membrane is more readily affected and takes on this condi-

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tion as the result of atmospheric changes. This question cannot be traced to any living fungi, at least I don't know of any one who has attempted it yet. Now then you have a patient of that peculiar nervous temperament the constitution deranged and the weaker part the suffering part. Now if that be true, as Dr. Mulhall says, you can cure it without constitutional remedies. He was correct in that statement, because he was basing his treatment on the true pathological condition. Washing the mucous membrane, cleansing the parts, may be of service and give comfort to the patient, but you cannot cure this trouble by those methods. If there is an excessive hypertrophic condition of the part and we use vaseline and other such things and exclude the atmosphere which is setting up the irritation we may give the patient relief. But at the same time you should use other remedies to correct the secretions of the system, and when you correct the secretions of the system, you relieve the mucous membrane and the patient will get well. You may wash the parts as long as you want, but you will not cure the condition. It may be an error in my education to conclude that catarrh is merely a neurosis. I know many others who take that position: that it is caused by irritation of the nerves; that the parts are constringed. As I said before washing in these cases will not cure the disease, we must give constitutional treatment, arsenic, iodine, etc. Now, that is for a hypertrophic condition, but suppose you have an atrophic condition,suppose the patient has been suffering with this until his constitution has run down, suppose there is a deficiency of the coloring matter in the blood, then you will have to make use of constitutional remedies. You can stimulate an action by local washing with your spray, but that is only a mere auxiliary. You must use tonics and alteratives. You must change the condition of your patient. But then we come to another class of cases which we term rose fever. What is rose fever? It is the result, as is now contended of what is now known as the rose baccilli, and it usually appears about this season of the year. According to Wyman and Beard in certain latitudes. If that be true then the irritation created is by these living organisms imbedding themselves in the mucous membrane. Then if that be the case according to modern pathology, if you kill the bacilli you kill the rose fever.

Bacilli, rose fever. Non-bacilli, non-rose fever, would be the proposition. If any gentleman wishes evidence that this depends upon fungi, let him change the locality of a patient suffering with the trouble. Let the patient take a trip in June, going to the Rocky Mountains, or to the ocean, and the trouble will be cured, because the patient has passed out from the locality where this fungi is being evolved, where it is being inhaled. He passes away from this locality, and recovers from the rose fever. This seems to be the logical conclusion, but the acute disease which attacks children and that which attacks grown persons is very different; and I contend that the gentleman in his paper is a little out of the logical reasoning in these cases.

[TO BE CONTITUED.]

THIRTY-NINTH ANNUAL MEETING OF THE OHIO STATE MEDICAL SOCIETY:

FIRST DAY.—JUNE 10.

The meeting opened on Tuesday at 2 P. M., at Columbus. There was a large representation from various parts of the State. Dr. C. P. Landon, the President was in the chair. The work of the afternoon consisted in receiving reports of various committees and was of a routine nature. Rev. Col. Anderson opened the session with prayer, after which the President read his address to the Society.

The chairman of the committee of arrangements announced that they had adopted the plan of holding a special meeting in the evening to consider the board of health bills and other matters demanding legislative consideration. Several vacancies existing in the committees were filled. Dr. Reeve, of Dayton, was appointed on the finance committee in place of Dr. Davis, of Dayton, deceased. Drs. Haldermann, of Columbus, Sweeny, of Marion, and Sherman, of Mansfield, were already members of the committee and continue over. Dr. Reed, of Hamilton, was appointed on the committee on admissions in place of Dr. W. H. Mussey, deceased; Dr. Quinn in place of Dr. N. H. Sidwell, of Wilmington, and Dr. Schueller, of Columbus, in place of Dr. Sherman, of Mansfield. The committee on ethics was arranged as follows: Dr. Nash, of Columbus; Dr. Hyatt, of Delaware; Dr. Scarff, of Bellefontaine; Dr. Sharp, of London, and Dr. Drake, of Lebanon.

The secretary of the Society, Dr. Collamore, presented his annual report. He announced that the following societies, auxiliary to the State Association, had abandoned their organizations, Athens, Morgan and Washington County Medical Associations, Belmont County Medical Society, Cleveland Academy of Medicine, Columbus Academy of Medicine, Columbus Pathological Society, Delaware Medical Society, Delaware Medical Institute, Drake Medical Society, Guernsey County Medical Society, Hamilton County Medical Society, Hardin County Medical Society, Lancaster Medical Institute, Medico-Chirurgical Society of Northeastern Ohio, Medina County Medical Lyceum, Medical Association of Adams, Brown and Clermont counties, Preble County Medical Society, Putnam County Medical Society, Richland County Medical and Surgical Societies, Scioto County Medical Society, Union Medical Society of Alliance, Zanesville Academy of Medicine. It

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was decided to drop these organizations from the list of auxiliaries.

The secretary also reported that the following members died since 1882: W. B. Carson, Bucyrus; John Davis, Dayton. J. C. Hubbard, Ashtabula; J. O. Kemp, Dayton; A. G. Leland, Trumbull; A. C. McLaughlin, Tremont City; H. Lensman, Tremont City; J. A. McFarland, Tiffin; N. H. Sidwell, Wilmington; W. H. Mussey, Cincinnati, and Benjamin Tappan, Steubenville. The deaths of honorary members,not previously noted, are: H. H. Childs, Pittsfield, Mass.; G. S. B. Hempstead, Portsmouth; J. Knight, New Haven, Conn.; Willard Parker, New York city, and L.W. Moe, Ottawa. The existence of the Allen County, the Green County, and the Hocking Valley Medical Societies is in doubt, at catalogues have not been received for two years.

The following applicants were recommended by the committee on admissions and the report was adopted: Chas. R. Greenleaf, of Columbus Barracks; F. S. Pomeroy, Montville, Geauga County; H Z. Gill, Cleveland; T. H. Brannon, Canal Dover; S. S. Rickets, Columbus; H. H. Zeigler, Ayresville; A. A. Davis, Mineral Point; George G. Baker, Akron; J. C. M. Floyd, Steubenville; H. H. Pennell, Nashville; O. A. Dunnick, Chardon; A. H. Stephens, National Military Home; D. H. Richardson and M. A. Koogler, DeGraff; T. B. Richards, Lake; Paster H. Barb, Bing Hill; James Anderson, Olden; James F. Blair, Marshall.

Dr. B. M. Sharp, of Sidney, and Dr. Chas. S. Cowen, of Hardin, had filed their applications with the committee for membership, but the report was adverse, owing to the fact that in their application they had neglected to state what local societies they are members of. There were no objections to the gentlemen, but it is the rule of the Society that an applicant for admission to the State Society must first become a member of some local medical organizatinn.

Preliminary to the discussion of the resolution of Dr. Sharp, on "Medical Legislation," a committee of five was appointed and the following resolution introduced:

WHEREAS, There are now pending in the two Houses of the Legislature of Ohio different bills having for the purpose the establishment of State boards of health and medical examiners;therefore, be it

Resolved, That a committee of five be appointed to whom these several bills shall be committed for revision, and who shall report such revised bill for adoption by the society on Wednesday morning.

Dr. Dunlap, of Springfield, as delegate to the American Medical Association, spoke upon what he had seen and heard at the recent session of that body, but dwelling more particularly upon the subject of ovariotomy. He was followed by Dr. Reeve, of Dayton, upon the same subject. Dr. Sutton, of Pittsburg, was present, and upon invitation, spoke upon the same subject. The afternoon session was closed by a paper on "The Races," by Dr. R. Fraley Wark, of Ontario.

THE EVENING SESSION

was devoted to the subject of medical legislation, and discusion was opened by Dr. Sharp, of London, with a paper in support of the resolution favoring the appointment of a State board of examers. Dr. Herrick, of Cleveland, thought the question of the survival of the fittest the proper one to answer, and not to ask restrictive legislation.

Dr. J. H. Hamilton, of Columbus, thought that the legislation contemplated in the resolution might advance the standard for a time, but that people would soon rise up and employ whom they wished as medical adviser. Further than this he did not think that the fact of a man being a medical teacher should be a bar to his being one of the board of examiners. Dr. Sherman, of Kent, spoke in behalf of his bill, which was defeated, reconsidered, and is now in the hands of the committee, and which places the licensing power in the hands of a board of three in each congressional district. Dr. X. C. Scott, of Cleveland, spoke in favor of the bill which bears his name, and called attention to the defects of the Sherman bill. He desired that the licensing power be placed in the hands of nine members, to whom all desiring to practice in the State must come.

SECOND DAY.

The principal business of the morning session was the consideration of the resolution presented by Dr. Sharp, of London, as follows:

Resolved, That the public good and the higher interests of the medical profession would be advanced by the establishment of a State board of medical examiners; that such board shall be independent of all medical schools, and be empowered to examine and pass upon the moral fitness and literary and medical attainments of all applicants for admission to the practice of medicine, and to grant license to practice medicine in the State of Ohio to such only as shall have passed a satisfactory examination before said board; that medical schools shall continue their functions of teaching and conferring degrees of M. D. only, with no powers whatever to grant licenses to their graduates admitting them to the practice of medicine. Adopted by a vote of 56 to 21.

The report of the special committee appointed to draft a bill to be offered as a substitute for the bills of Dr. Sherman, of Kent, and Dr. Scott, of Cleveland, was then read. The substitute provided for a State board of examiners of fifteen members selected by the Society, from whom nine shall be appointed by the Governor, whose duty it shall be to examine all applicants for authority to practice in the State, but none of these gentlemen shall have any connection with a medical college. This last feature brought forth a lively discussion between those associated with colleges and those not connected with such institutions. Those taking part in the discussion were Dr. Baldwin, Columbus; Dr. Reuben A. Vance, Cleveland; Dr. Thaddeus A. Reamy, Cincinnati; Dr. Sherman, Kent; Dr. Weaver, Dayton, and Sharp. Dr. Reamy thought the board of examiners should first be examined in the capital square, in public, by an oral examination, and he offered the following amendment to the report of the committee:

"Provided that no man shall serve on said board until he had won his position by a competitive examination made by a committee appointed by this Society, said examination to be conducted orally and in public at the capital of the State." After a lively discussion the whole matter was laid on the table.

The treasurer, Dr. T. W. Jones, made his annual report, there being a balance on hand June 11, 1884, of $800 82. As librarian Dr. Jones reported 127 volumes of society transactions on hand, covering the period from 1859 to 1880 inclusive, be-

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sides fifty volumes of the minutes of other societies.

Dr. Reed, of the committee on admissions, made a final report on applications for membership Of those who applied last year the following were recommended; Charles Hinzleman, Cleveland; D. A. Scott, Akron; P. M. Gibson, Portsmouth; O. W. Weeks, Marion; F. W. Thomas, Marion; J. F. Tracy, Milbury: J. H. L. Loss, Lancaster; W. C. Hunt, Warren; E. T. Wells, Minster; E. B. Henord, Kenton; S. M. Rapp, Warren; J. E. West, St. Clairsville; J. J. King, Berry Hill; J. M. Musgrove, Urbana; C. C. Hill, Levering; S. S. Kriger, Lebanon; M. M. Bauer, Lake. Of new applicants the following were recommended for admission: G. M. Goodhue, Dayton; I. W. McConnell, Marseilles; J. E. Groves, Uhrichsville; Frank Warner, Columbus; J. F. Kirkpatrick, Sedalia; W. G. Anderson, Columbus; J. M. Smith, New Philadelphia; S. M. Telfair, Bloomington; D D. Wary, Jr., Wilmington; William Storey, Castalia; J. Coldam, Toledo; J. P. Grenwell, Damascus; J. O. McDowell, Delaware; J. H. Hughes, Delaware. The recommendations of the committee were followed.

Dr. Kinsman next read a paper on "Tuberculosis" which elicited some discussion and it was soon apparent that many of the members are not ready to accept the Bacillus Tuberculosis theory.

Two years ago some charges were made in a newspaper against Dr. Baldwin's official record as secretary of the association, and he at this time asks an investigation. One of the most important matters before the society was the charges against Dr. E. C. Lewis, of Canal Dover, of unprofessional conduct. The committee on ethics found that Dr. Lewis attempted to procure an insurance in his name on the life of Mrs. Edwards, of New Philadelphia, O., in the United Brethren Life association of Philadelphia, although she was at that time under his care, fatally sick with cancer of the uterus, and recommended his expulsion from the society. The finding of the committee was sustained.

After the delivery of the annual address by the president, the society proceeded to the election of officers for the ensuing year. Drs. J. C. Reeve of Dayton and E. Sinnet of Granville were put in nomination for the presidency. Dr. Reeve was elected by a vote of 89 to 33. The vice-presidents chosen were Drs. Baldwin of Columbus, Davis of Marion, Merriman of Painesville and Pratt of Mt. Sterling. Dr. Jones of Columbus, treasurer, and Homer of Toledo, secretary, were re-elected by a viva voce vote. Dr. Harvey Reed was elected to the vacancy in the committee on ethics, Dr. Conklin of Dayton to the committee on publication, and Dr. Herrick of Cleveland to the committee on legislation. The two vacancies in the committee on admissions were filled by Dr. Reed for five years, and by Dr. Fowler for four years. Dr. C. E. Brush of Zanesville was placed upon the finance committee. Dr. Beech offered a resolution of sympathy for Dr. John Thompson of Columbus, who is sick and has slight hope of recovery.

Dr. Scott of Cleveland read a paper on "Impurities in Water." The paper was discussed at length. Dr. Forbes of Toledo reported ten cases of the radical operation for empyema with results, and in the discussion which followed Dr. Ransohoff reported three. Dr. Vance of Cleveland also entered into the discussion. The next paper read was by Dr. Morrow Beech of London on "Changes in Disease Types in Central Ohio." The members were banqueted Wednesday evening at the residences of Dr. Hamilton and Dr. Loving.

THIRD DAY.

The report of the committee on Medical Legislation which had been laid upon the table the day before was taken up, and as a result the amendment of Dr. Reamy was stricken out, and the original resolution and the form of the law which they wish to present to the legislature for passage was carried unanimously.

The committee on finance reported that the conduct of Dr. Baldwin while secretary of the association had been entirely satisfactory. The balance remaining to the credit of the society is $800 82. The annual assessment was fixed at one dollar. It recommended that $50 be paid the chairman of the committee on publication for services rendered. Dr. Allen of Columbus read a paper on "The Pupils as a Factor in Diagnosis." It was referred, as were all the others, to the committee on publication.

Dr. Harvey Reed of Mansfield next read a paper on "Irritation of the Prostate." Dr. Craig of Mansfield read one on the "Treatment of Varicose Veins."

Two auxiliary societies were received, the Gallia County Medical Society and the Hardin County Medical Association.

At the afternoon session Dr. Ransohoff read a paper on "Sanguineous Cysts of the Neck." Dr. Beach of London read a "Report on Milk Sickness." Dr. Reeve of Dayton read a paper on "Historical and Critical Notes on the Management of the Third Stage of Labor."

Dr. Conklin read a paper on "Congenital Phimosis," Dr. Dandridge one on "Foreign Bodies in the Urethra," and Dr. Loving of Columbus one on "Unusual Manifestations of Malarial Poisoning."

After a little further routine business, the association adjourned to meet in Dayton on the first Wednesday in June, 1885.

ABSTRACT OF PROCEEDINGS OF LOUISIANA STATE MEDICAL SOCIETY.

Meeting called to order at 12 M., May 21st, by President Dr. J. P. Davidson, of Orleans parish. Forty-three members and sixteen parishes being represented. Papers were read by Drs. H. D. Bruns, G. B. Underhill, A. G. Friedrichs and F. Formento, and presented by Drs. M. Schuppert and C. A. Hardey, the two latter authors being absent.

Resolutions were adopted to the following effect: One favoring, at its request, the effort of the Board of Health to establish a lower quarantine station; another approving a "non-intercourse" policy, should the Board of Health deem it necessary; a third urging its members and affiliated societies to further in every manner the plans of the managers of the World's Industrial and Cotton Centennial Exposition, to illustrate the natural history and resources of the State of Louisiana; a fourth amending this society's petition concerning the teaching of hygiene and physiology, in accordance with the request of the Woman's Christian Temperance Union, adding "and instruction shall be given in reference to the effects of alcoholic drinks, and generally of stimulants, anæsthetics and narcotics upon the human system." The petition in behalf of State medicine to the

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General Assembly of the State of Louisiana, approved and endorsed by this society at its session of 1883, as published in the June No. 1883, of this journal, was presented. Judge Wm. A. Seay, member of the House from Shreveport, Caddo parish, addressed the society, by request, on the legal points of the above petition.

The following officers were elected:

President, Dr. R. H. Day, of Baton Rouge.

Vice-Presidents—Of 1st Congressional District, Dr. E. S. Lewis, of Orleans parish; of 2d Congressional District, Dr. C. S. Bickham, of Orleans parish; of 3d Congressional District, Dr. C. M. Smith, St. Mary parish; of 4th Congressional District, Dr. T. J. Allen, Caddo parish; of 5th Congressional District, Dr. I. J. Newton, Jr., Morehouse parish; of 6th Congressional District, Dr. T. J. Buffington, East Baton Rouge parish. Annual orator, Rev. R. A. Holland, New Orleans.

The term of office of the following officers had not expired: Recording Secretary, Dr. P. B. McCutchon, Orleans parish; Corresponding Secretary, Dr. S. S. Herrick, Orleans parish; Treasurer and Librarian, Dr. F. W. Parham, Orleans parish.

The society adjourned to meet in New Orleans at 12 M. on Wednesday, January 14th, 1885.

THIRTY-FOURTH ANNUAL MEETING OF THE INDIANA STATE MEDICAL SOCIETY.

The society was called to order in Indianapolis, June 10th, President Dr. S. E. Munford, of Princeton, in the chair. Prayer was offered bv Rev. O. C. McCulloch. Committees on credentials and finance were then appointed.

Dr. E. S. Elder, secretary, submitted his report. The last year's paying membership was 1,128, against 1,112 the year before. "The State Society," says the secretary's report, "now comprises seventy-three auxiliary societies, in that many different counties, and a total membership of nearly thirteen hundred—with no friction, no animosities, no division in sentiment upon fundamental legislative policy. We stand an army of earnest, intelligent, industrious, self-sacrificing members of our chosen profession, whose highest ambition is to excel in doing good to our fellow-men and alleviating human distress and misery. Such is the object of our organization, and the good results of our association are felt in every part of the State."

The treasurer, Dr. George W. H. Kemper, of Muncie, made a financial statement, showing the following: Balance last year, $40 41; receipts, $1,020 05; total, $1,060 46; disbursements, $795 05; present balance, $265 141.

Dr. James F. Hibberd, of Richmond, chairman of the committee on necrology, reported that notices had been received of the death of fifteen members in thirteen counties, only thirty counties in the State reporting. He thought more attention should be paid to the matter in the future.

Dr. Kemper read a paper on "Angel Wing Deformity." Dr. L. B. Woolen, of Switzerland county, read a paper on "Anæmia."

AFTERNOON SESSION.

Dr. Geo. C. Cook read a paper on "Pruritis Ani."

A motion to print the annual transactions in the Indiana Medical Journal was laid over until the next annual meeting, the auxiliary societies to act upon the matter in the meanwhile.

The committee on ethics reported in the case of Dr. W. W. Vennedge's appeal from the Tippecanoe County Medical Society, that the action of the society is sustained. In the case of Dr. E. T. Mendenhall, of the Henry County Medical Society, the committee reported that no action can be taken, as his case has not been presented in legal form. The report was adopted.

Dr. Joseph Eastman read a paper entitled "Four Cases of Ovariotomy," which was afterwards discussed. Dr. J. F. Hibberd, read a paper on "Post-partum Hemorrhage.

EVENING SESSION.

The president delivered his annual address; the subject was, "A Question in State Medicine."

SECOND DAY.

Dr. A. J. Miller, of Paris, Ill., read a paper on the "Work of the Illinois Medical Association." Dr. D. A. Moss, of the Oxford, Ohio, Retreat, was introduced, and made some remarks on medical legislation in Ohio. At the close of his remarks greeting was sent to the Ohio State Medical Association, then in session. A paper on "Post-partum Intra-uterine Injections of Carbolic Acid," was sent in by Dr. H. V. Sweringer, of Ft. Wayne. Dr. H. W. Myers, of Ft. Wayne, read a paper on "Puerperal Pyemia."

Dr. J. R. Weist, of Richmond, read a paper on "Malpractice Suits—Can their Frequency be Lessened?" He submitted a resolution passed by the Wayne County Medical Society, urging the passage of a bill drawn by State Senator Foulke, providing in the trial of an issue for the appointment by the court of one or more expert witnesses, who shall be required to give testimony, and shall be paid the same as ordinary witnesses. Such a measure, Dr. Weist thought, would be of inestimable value to physicians in defending suits brought by irresponsible and dishonest persons simply for gain. Dr. E. F. Hodges, of Indianapolis, read a paper on the same subject, in which he took the lawyers to task for encouraging the bringing of malpractice suits. He regarded them as largely responsible for the trouble caused to reputable physicians.

Dr. Mary F. Thomas read a paper on "Hospitals for Insane Women."

Officers for the ensuing year were elected as follows:

President, J. H. Woodburn, Indianapolis; Vice-President, J. S. Gregg, Fort Wayne; Secretary, E. S. Elder, Indianapolis; Assistant Secretary, W. H. Lopp, Columbus; Treasurer, G. W. H. Kemper, Muncie.

The greater part of the afternoon was taken up in the consideration of needed medical legislation.

Dr. S. S. Boyd, of Dublin, read a paper on "Medical Legislation;" Dr. George W. Knoland, as chairman of the committee on the subject reported "A Bill to Regulate the Practice of Medicine," and Dr. Thad. M. Stevens made a report on behalf of a committee on medical legislation. Drs. Wheat, Hodges and Van Vorhis were appointed a committee to further the passage of an act to govern courts in the matter of expert testimony. In the warm discussion that followed the papers and reports on medical legislation, a great number of the members took part, among whom were Drs. Hibberd, Chambers, Harvey, Hobbs, Rooker, Haughton, Bond, Lomax, Blunt, Pearson, Stillson, Beard, and Elder.

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Dr. Hibbard presented the following resolution:

"Resolved, That it is the sense of this Society that the time has arrived when the members should exert their influence, singly and collectively, to secure the passage of a State law requiring of all persons seeking to become practitioners of medicine that they shall be thoroughly educated in the elementary branches of medical science, and such education should be ascertained by a board of medical examiners, no member of which shall have any official connection with any institution of medical education."

The resolution passed, and Dr. Hobbs moved that all the papers now before the society on medical legislation be referred to a select committee, who should be empowered to prepare the necessary points for a bill to be acted upon by the next legislature. The president named as the committee, Drs. Wilson Hobbs, Joseph G. Rogers, and J. H. Woodburn.

Dr. J. L. Thompson read a paper, illustrating his subject by diagrams, on "Asthenopia."

EVENING SESSION.

The committees on Finance, and Credentials, reported. Dr. Theo. L. Wagner read a paper on "Small-pox and Pest-houses." Dr. J. W. Morse, of Indianapolis, made a demonstration of a new method of treating fractures of the thigh.

THIRD DAY.

Papers by Dr. H. I. Raymond, U. S. A., on "Antiseptic Treatment of Gunshot Wounds," and by Dr. B. Wallace, of Franklin, on "Two Cases of Foreign Bodies in the Trachea," were presented, and referred to the committee on publication. Dr. T. J. Dills, of Fort Wayne, read a paper on "Intra-ocular Tumors," and Dr. J. S. Irwine, of Columbus, read a paper on "Race Poisoning."

Dr. Lomax, of Marion, one of the most venerable and honored members of the society, called attention to a pamphlet spread among the members, which cast some reflection on him, and offered to make a defense; but the chair considered the matter unimportant, and ruled it out of order.

A resolution by Dr. J. F. Hibberd was adopted providing for the restoration of members expelled by auxilliary societies for non-payment of dues, who shall pay such obligation before the societies make their annual report, and for their restoration at any time thereafter by a majority report and the payment of the obligation.

The committee on legislation, by resolution, was instructed to provide in the bill to be presented to the next legislature, that no physician shall be appointed upon the board of medical examiners who is not indorsed by the Indiana State Medical Society.

The following was unanimously adopted: "The trustees of Purdue University, having established a school of pharmacy in connection with the University, and recognizing the great need of educated and skilled pharmacists in order to enable the educated physician to successfully encounter disease, we hereby express our pleasure and approval of the actionof the trustees and pledge them our sympathy and support.

President Smart, of Purdue University, made a short address based upon the resolution just passed, pledging Purdue to give to Indiana a good school of pharmacy or none at all.

D. J. H. Woodburn, of Indianapolis, the president elect, was then introduced, and named the following committees for the ensuing year:

Ethics—Drs. S. H. Charlton, chairman; Morris Baker, J. Z. Powell, N. P. Howard, and S. W. Edwins.

Arrangements—John Oliver, chairman; F. C. Furgason, G. V. Woolen, J. A. Sutcliffe, and T. N. Bryan.

Publication—Allison Maxwell, chairman: E. S. Elder, G. W. H. Kemper, John A. Chambers, and A. W. Brayton.

Necrology—J. F. Hibberd.

The retiring officers were complimented by a vote of thanks, and the society adjourned to meet in Indianapolis on the second Tuesday in May, 1885.

ITEMS.

Rectal etherization has not yet proved very acceptable.

Doctor Quissore, of the medical school of Montpelier, died recently.

Prof. Zwenger, the well-known chemist of Marbourg, has also joined the silent majority, being aged 70 years.

Among the candidates for the externat of the Paris hospitals, Mlle. Mathieu, a negress, has competed with success.

Pasteur claims to be able to protect dogs against hydrophobia, and thus, we suppose, make them incapable of inflicting it.

Electric light in doctors' carriages are being used in England. The source is a portable battery and the Swan lamp is used.

H. Friedberg, Professor of Medico-legal Medicine in Breslau, a gentleman of great learning and quite a prolific writer, died not long since.

Prof. Radius, of Leipzig, died at the age of 87. He was a teacher of pharmacology and hygiene, and contributed largely to medical literature.

Indigestion, says a British candidate for scholarship, "the food passes through the liver, and evaporates by means of little holes called capillaries."

"It's no use to feel av me whrist, doctor," said Pat, when the physician began taking his pulse; "the pain is not there, sure, it's in me hid, entoirley."

A verdict of manslaughter has been rendered against an irregular practitioner, a "Dr." Pierce, of Worcester, Mass. The jury retired for ten minutes only.

We regret to learn of the death of Dr. A. Blondeau, one of the most brilliant writers of the Progress Médicale, which we number among our most valuable exchanges.

Bichromate of potassium is recommended by Vulpian in pill form for a catarrhal condition of the stomach. He begins with one centigramme three times a day, and never exceeds ten centigrammes.

Prof. Buisson, the honorary Dean of the Faculty of Medicine of Montpelier, France, lately succumbed to a gastric trouble. He was a man of profound education and possessed talents of a high order.

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THE WEEKLY MEDICAL REVIEW.

VOL. IX. NO. 26. CHICAGO AND ST. LOUIS, JUNE 28, 1884. TERMS: $3 A YEAR.

LESSONS FROM THE OBSTETRICAL DEPARTMENT OF THE PHILADELPHIA HOSPITAL.—Dr. Theophilus Parvin in the report of his quarter's service (read before the Philadelphia County Medical Society), details well some important observations and supplements the same with useful deductions. The following three facts induces him to discuss at length the third stage of labor:

One of the colored women failing to expel the placenta within an hour after the birth of her child, the gentleman having charge of the case introduced his hand into the uterus. and removed the afterbirth by piecemeal, or at least the greater portion of it. That patient had septicemia, and infected each of her neighbors; the colored obstetric ward at this time was terribly crowded, the beds so close together that a patient could almost roll from her own bed into the next one.

Shortly after this I was called to a woman in one of the white obstetric wards, who had been delivered of her child three hours before, but the placenta was retained. The patient's pulse was good; there was no hemorrhage, nothing but the simple fact of delay in the third stage of labor. A little friction of the uterus, and compression of its fundus through the abdominal wall, caused the expulsion of the placenta in a few minutes. There was no fragment of the after-birth or of the membranes retained; the genital organs of the patient were not touched either by the interne or by myself in this delivery, nevertheless she had septicemia. Finally, a third patient had the placenta retained for nearly five hours, and then it was expelled. She had septicemia. These three patients recovered.

Dr. P., then discusses at length the doctrine of retained placenta as practiced by various obstetricians and expresses his own opinion as follows:

As long as the placenta is wholly attached, hemorrhage is impossible; the placenta is still a living structure, and one with the uterus; to tear it loose, to directly detach it from the uterus; opens the way for perilous hemorrhage. Not only this, but such artificial detachment is usually incomplete, is liable to injure the uterine tissue, and the operator's hand may be the bearer of septic germs, or these may pass in with the air admitted during the manipulation, and find a congenial soil for their development in fragments of placenta, or blood-clots that are retained in the uterus. Therefore, unless hemorrhage demands immediate interference, the obstetrician refrains from passing his hand into the uterine cavity for the removal of an attached placenta; a completely adherent placenta is not so dangerous as the intra-uterine use of the hand for its detachment. I believe, then, that armed expectation is wise in the latter case, only endeavoring, by suitable compression of the uterus with the hand acting through the abdominal wall, to determine or assist that retraction of the organ which is nature's method of separating the placenta. After the detachment of the placenta—a fact which is best learned by feeling a part of the organ with the finger passed into the mouth of the womb—we may, by friction and compression of the uterus, if needed, evoke uterine contractions which will cause its expulsion. Those who believe that the placenta presents its fœtal surface at the os uteri, urge the value of moderate and continuous traction upon the cord, thus assisting the moulding of the mass to the orifice through which it is to come. This conservative view as to the management of so-called retained placen-

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ta has been strongly presented by Siredey in his recent work upon puerperal diseases. The common expression, retention of the placenta, means very different conditions, each requiring its appropriate treatment.

Dr. Parvin's report contains another important lesson on septicæmia and its temperature and the difficulty of diagnosing a case of septicæmia from malarial infection; and concludes with a brief study of a ruptured uterus.

The uterus was ruptured in consequence of a shoulder presentation, a case which ended in death the eighth day after delivery. Yet I would fail in duty to my profession that has been so good, so generous to me, if I did not make the case fully known. The patient was a well-formed healthy multipara; she had been in labor nearly twelve hours when I first saw her, the left shoulder presenting. Ether was immediately given until she was thoroughly under its anesthetic effect; and then, without violence, nay, with great ease, I passed two fingers behind the right knee, brought the foot down, and turning and delivery were effected in a few minutes; the placenta followed almost immediately; the child, quite a large one, was dead. The patient came out from the anesthesia satisfactorily; her pulse was good; there was no complaint, no shock, no great hemorrhage. Yet that woman had a ruptured womb, the tear beginning at the os uteri on the right side, involving the cervix and the lower part of the body of the uterus, this condition being made known by the post-mortem. If it be thought I ought to have known this accident at the time of delivery, I can only say that like ignorance happened to Dubois, to Hervieux, to Tarnier, and others—the first revelation of the uterine rent being made at the post-mortem; these silent tears of the womb are, as Hervieux has suggested, probably more frequent than generally thought. No, my self-reproach is not in this, but in not having made myself, or by another, an examination during pregnancy, so that the abnormal presentation could have been corrected, if not then, at least early in labor. But let this pass. The great practical lesson to be drawn from the accident is not only the importance of an early rectification of a mal-presentation, but also an appreciation of the danger of rupture of the uterus, and how this accident occurs. The drawing now shown gives the position occupied by the child, and also and especially gives the change in form and thickness of the two cavities of the uterus, which, as so admirably described by Bandl, are formed when nature is unable to overcome the obstacle to labor found in such case. The one cavity is formed by the body of the uterus,and its walls become thicker and stronger; the other,by the cervix, and its walls grow thinner—become indeed so attenuated and weak that a very slight additional strain at some point; that strain may come from a uterine contraction, or solely from the introduction of the finger; and thus peril from action, peril from delay must be before the obstetrician's mind when called to a case of neglected shoulder presentation.

Of course had I seen this patient an hour or two earlier, the event might have been different. The pressure of the presenting part had been so severe that a slough of the vesico-vaginal wall occurred, and the patient, had she had recovered, would have required an operation for the resulting urinary fistula; I have thought that possibly the uterine rent was in part the result of a slough also; but be this as it may, there was not the slightest indication given at the post-mortem that any hemorrhage in the abdominal cavity had taken place.

"Phthisis.—Its Successful Treatment." The following extract is the peroration of an article on the above subject read before the American Medical Association, published in the Journal of the Association, having of course, been approved by the committee of publication. When we remember that the introduction of the paper consists of a kind of slur on the earnest and patient work of Koch and his co-laborers, we may well blush at the possible imputation on American medical literature, fathered as this is by a committee on

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publication of the American Medical Association:

"Finally: Being called upon for help by a subject of phthisis, we should be fully alive to the fact that he is closely besieged by Death; and beyond the immediate redoubt of therapeutics we must reconnoiter and sentinel, with sleepless vigilance, the environment. Undue anxiety of friends, superstitions of neighbors, the allurements of the advertising charlatan, the wily and wise nihilists, in and out of the profession, bring influences to bear upon our patient that operate as a Gatling against us, and we may be vanquished.

Time, and other observers may reverse the verdict, but I cannot help feeling that these adverse influences, successfully guarded against, conjoined with the remedies and methods herein recommended, boldly, skillfully, and persistently applied, will prove the means for the fine achievement of curing a high per cent of that form of thoracic degeneration which has hitherto baffled our science and is a standing opprobrium to our profession.

Sebaceous Tumors of the Scalp are treated in a novel manner by Vidal, says the Journal de Médicine et de Chirurgie Pratiques. The treatment, which has been highly successful, consists in injecting ether into the tumors. It causes a mild inflammation, followed by suppuration, and from the fact that it dissolves fats easily, it easily penetrates all parts of the tumor. In small tumors four or five drops are to be injected by means of a hypodermic syringe every other day. Three or four injections usually suffice. If the tumor is larger, eight to ten drops, continued for a somewhat longer time. The substance of the tumor must be torn by the needle and an antiseptic dressing used, during the period of suppuration.

Ophthalmic Hemicrania, according to Ch. Féré, in le Progrès Médical, is a disease which although often neglected by patients, may be followed by certain symptoms which render the situation very serious. Among these are aphasia, monoplegia, hemiplegia, partial epilepsy, etc. Besides, these symptoms, after having been transitory, may become permanent making helpless the victims of the affections. Aphasia is one of the symptoms, or consequences most likely to become permanent; and, in some cases at least, may be of a complex character. Charcot lately presented a patient affected with deafness, aphasia, agraphia and logoplegia. This ophthalmic hemicrania is of grave importance in respect to its after consequences. Charcot has succeeded in ameliorating a number of cases by the continued bromide treatment, such as he employs in epilepsy. The doses are increased for a certain time and then diminished in order to avoid the accidents following the saturation with, and accumulation of the bromides.

Pistol Shot Complicating Paretic Dementia.—The following case bearing upon some relations of paretic dementia and traumatism has recently been reported by Dr. Tuffier (Progress Médical Feb. 23, 1884): A fifty-two-year-old man who had about a year previous to admission great family trouble, had been tormented by ideas of suicide for some months. April 7, 1883, he wished to shoot himself in the frontal region, and placing the mouth of the pistol on his forehead, fired, but the ball glanced, and he received only a slight scorch. He once more fired at his forehead, and this time the ball entered; after having turned once or twice he fell. As he did not lose consciousness, he once more shot himself in the same region, and was about to repeat the shot, when he was prevented. He still retained consciousness, but had lost much blood. His wounds were dressed, and he was sent in a carriage to his brother, three leagues away. He walked several hundred yards that evening, ate and slept well. The next day his ideas were not clear, and his head was a little heavy. For a few days he came and went as usual, but passed urine in excessive quantities and very frequently. Every time his dressing was removed cerebral pulsations were noticeable.

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At the twelfth day cicatrization was complete, and the patient resumed work. He then began to experience lancinating pains at the top of the head, and in consequence entered a hospital, twenty-two days after the accident. There was then noticeable a facial asymetry simulating facial paralysis which the patient said had existed from birth. In the middle of the frontal region there existed a mandarin orange-sized tumor in the center of which were two purplish cicatrices. The skin was soft and of its usual color. The tumor presented a slightly remittent fluctuation and was the seat of limited movements. A rude blowing sound could be heard over it, and its movements were isochronous with the pulse. When this "hernia" was reduced, the patient complained of headache; but when the tumor reduced itself by change in his position, he experienced neither vertigo nor syncope. The sub-jacent bone had in it a perforation allowing the under finger to penetrate to the first joint. The patient presented hesitancy in speech, lingual tremor and paretic delusions of persecution, which at last had led to his attempt at suicide. The patient on urinalysis was found to be glycosuric. The tumor was compressed slightly by wadding dressing. During the first few days the patient went about as usual. Glycosuria disappeared but the polyuria remained. May 5, 1883, the tumor opened between the two cicatrices, giving vent to a limpid liquid. Antiseptic dressings were applied, and on May 18 the fistula closed; the skin had shrunken, the tumor hardly pulsated, and the patient insisted on being discharged June 5. He worked for about a month, and was then attacked by violent headache, vertigo, and his memory failed. He often lost the thread of his ideas, and as the wound reopened, he returned to hospital. The polyuria had disappeared. The patient had several epileptiform attacks and died July 20. On autopsy the viscera as a rule were found to be remarkably healthy. Dissection of the skin of the head showed that the bone had been perforated three times, forming one large opening. The dura mater adhered to this orifice and was perforated, permitting the entrance of a stylet which entered the frontal lobe. There was an opening in the left first frontal about the depth of six millimeters; here there was found a walnut-sized abscess which contained a ball; below this and communicating with it was a somewhat smaller abscess containing another ball. The white matter in the vicinity was congested. The rest of the brain was healthy, except that the membranes were somewhat thickened and adherent. Dr. Taffier says, that while the skull could have been trephined with success, the antecedent paretic dementia would have rendered the operation, at best useless.

THE DECISION OF THE BOARD OF DENTAL EXAMINERS.—Under the act of May 30, 1884, entitled "An Act to insure the Better Elevation of Practitioners of Dental Surgery and to Regulate the Practice of Dentistry in the State of Illinois," the board of dental examiners was power to determine whether the applicant for license has been graduated from a "reputable dental college," and in making this determination it acts in a judicial capacity. and from its decision in this respect there is no appeal.

MELANCHOLIC DEMENTIA.—Under this title Dr. Mairet (Thése de Paris, 1883), claims to have demarcated a psychosis characterized by the appearance, after a more or less prolonged prodromic period, rapidly, and sometimes suddenly, of melancholic psychic symptoms, which for the time are the prominent psychical symptoms, or they may be associated with at the outset, or even preceded by symptoms of a radical enfeeblement of the intellectual operations, and of organic cerebral disease. These symptoms are associated in variable proportions. The psychosis follows a progressive course sometimes attended by remissions; sometimes ending in simple dementia; sometimes in paretic dementia; sometimes imperfect recovery occurs. The cerebral changes found on autopsy are the same in character as those of paretic dementia, but localized in the convolutions forming the lips of

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the fissures of Sylvius in the temporal convolutions behind this lip,to the sphenoidals and to the hippocampus. Mairet claims to have produced a similar dementia in dogs by injuring the parts cited. In all probability the so-called melancholic dementia will resolve itself into dementia from coarse brain disease and paretic dementia. The experiments on dogs are a little too impure to prove anything.

Anæsthesia as an Exciting Cause of Hysteria.—Dr. Ferrier (Journal de Médecine de Bordeaux, Dec. 16, 1883) has reported the case of a young woman, who, being chloroformed for the excision of a small tumor of the eyelid was seized during the anæsthesia, by an attack of hysteria, the attack recurred eight days after; then every day, then twice or thrice a day. Until that period the patient had never manifested hysteria but her mother had been hysterical. Anæsthesia had therefore awakened a latent constitutional condition.

Immoral Conduct as a Symptom of Paretic Dementia.— In 1882 the New York State Medical Society, at the instigation of Dr. J. P. Gray, passed a resolution (Dr. J. G. Kiernan, in Jour. Mental and Nervous Diseases) that a physician was not justified in drawing conclusions from moral manifestations of conduct, that department belonging exclusively to law. It has been well said by Dr. Hughes, that it was an absurdity for medical societies to define the province of any department of science. The absurdity of such resolutions is shown by the followiug cases of immoral conduct ushering in paretic dementia, which are reported by Legrand du Saulle (Gazette des Hôpitaux, Sept. 11, 1883). A rich functionary was arrested in a shop at the moment while putting into his pocket without payment two porcelain articles of in significant value. He was soon found to be a paretic dement. A highly respected notary, who had exercised his calling with honor for years, suddenly indulged in dishonorable practices, and was obliged to abandon his calling; he then became a wine merchant, ran through $50,000 in eighteen months,and died a paretic dement. A cashier became careless, apathetic, neglected his accounts, and then "forced" them; began to frequent places of doubtful repute; stealing to fill his pocket-book. He died from one of the apoplectiform attacks so frequent in paretic dementia. One case of stealing as a prodromic symptom of paretic dementia was reported in the Journal of Nervous and Mental Disease, volume viii., and as Legrand du Saulle says, violations of public decency and outrages may also be prodromic symptoms of paretic dementia. Maudsley in his work on "Responsibility in Mental Diseases," dwells with especial emphasis on the sudden development of immorality as prodromic of failing mental power.

The Use of Sclerotinic Acid in Epilepsy has been the subject of a number of experiments by Bourneville and Bricon (Progrès Médical) it was given in hypodermic injections or in juleps—of twelve patients treated by this agent internally, and by injections, but five were benefitted of this number, four have been under treatment for more than a year. These results are not very encouraging. Gowers had employed this remedy, as also ergot, but never furnished any details as to the number of cases, treated, the doses employed, etc.

Gangrene of the Penis.—The Revue Médicale in its review of the affections of the genital organs, refers to a case of gangrene of the penis associated with circumcision, and a subsequent examination revealed the presence of glycosuria. The circumcision was performed on the 8th, gangrene set in on the 11th. Intense fever followed, delirium, phlegmonous erysipelas and death on the twenty-eighth. The lesson associated with this is evident.

One case of gangrene, reported by M. Leteinturier, is unique. A young man, believing in the magic influence of his mistress' ring passed it over his penis, but found himself in a tight place, from which he could not extri-

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cate himself, and paid for his devotion by the gangrene of the integument of the penis and a part of the scrotum. Another individual in order to avoid the risk of impregnating his mistress, securely tied the end of the prepuce in front of the gland. At the expiration of a coition under these circumstances inflammation set in, which resulted in gangrene.

While we pass by several evident sources of gangrene, we cannot refrain from referring to a malignant, rapid form of, happily not frequent occurrence; five cases of which are recorded Prof. Fournier. The subjects attacked have been young, the oldest not more than thirty years. All were previously in good health. Neither local nor general cause could be found which might have contributed to its development. There has been no excess of coition, one of them had not had sexual intercourse for four months. The affection begins with a kind of burning sensation; inspection reveals a little redness and slight swelling, in fact, quite a small matter. But in a few hours the difficulty has increased to an alarming extent. The penis becomes painful, the body of the penis is swollen and the coverings œdematous and the color changes from rose to red and then livid. Then a phlectenoid eruption appears.

General symptoms develop: fever, general discomfort, loss of appetite. After twenty-four hours another violent and sudden development. Patches of a whitish yellow appearance present themselves on the penis and scrotum, in color somewhat resembling the pulp of a banana. These gangrenous patches develope until, in a short time, the prepuce, the general integument of the penis and the scrotum are partially or wholly involved. The general symptoms correspond in virulence to its development localy. All thecases referred to, it is true, recovered, but all were associated with considerable mutilation.

THE ABORTIVE TREATMENT OF CHANCROIDS is the subject of a paper by H. V. Hebra in the Wiener Med. Presse. He claims that by his method buboes never put in an appearance, and that it is entirely painless. Powdered salicylic acid is applied in such a manner that only the chancres and their edges are covered. The whole penis is then enveloped in cotton-batting which is held in place by means of adhesive plaster. When the suppuration is not too great the dressing need be changed but once in 24 hours. Even the day after the first application a white pellicle or crust has formed, the edges appearing red. This redness is caused by the contact of the acid with the healthy skin. After about the third day the scale or crust is somewhat thick and must be removed. An emollient salve is applied on a rag, and in a few days the sore has healed. In this manner the whole trouble is disposed of in from four to six days.

THE MICROCOCCUS OF YELLOW FEVER has been discovered by Dr. Domingos Freire of Rio de Janeiro. He claims to have discovered it in the vomit, the blood, and different secretions of yellow fever patients, and calls it micrococcus xanthogenicus. This organism can be found in abundance in the earth of a cemetery at Rio Janerio, and even in the soil of the whole city. The doctor has succeeded in inoculating several animals with yellow fever, and by cultivating the virus to the fifth or sixth generation has attenuated it so that it becomes a vaccine. He has inspired enough confidence to vaccinate 400 persons with this product of successive cultures. This course has been severely criticized by the local physicians who do not believe in the innocuousness of these measures. It seems that this incident is causing quite a flutter, and that this bold experimenter is meeting with a number of partisans who uphold his views.

Two cases of chronic mercurial poisoning are mentioned by Neukirch (Edinburgh Medical Journal, March, 1884), owing to the impregnation of the air of patients' sleeping apartments with mercurial vapor from imperfectly amalgamed looking-glasses. He supposed that such cases, in obscure forms, may be frequent enough, as one of his had suffered for four years before the cause was discovered.

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CONTRIBUTIONS.

REPORT OF THE CHIC AGO MEDICAL SOCIETY COMMITTEE ON LEGISLATION.

Mr. President and Gentlemen: — Your committee have the honor to report as follows: They have taken into consideration as coming within the scope of the resolution by which they were appointed the following subjects:

1. The question of confidential communications.
2. The state of the laws regulating the supply of anatomical material.
3. The laws regulating medical education.
4. The laws respecting the relations of the insane to the community.
5. The question of suppressing indecent quack advertisements.
6. The question of practicing under an alias.

There is no statute regulating the relations of physician and patient as regards confidential communications, and the committee would recommend that the society use all its efforts to secure the passage of the act now in force in New York which is as follows:

"No practitioner of medicine, surgery or midwifery, shall be permitted to disclose any information which may be obtained from patients for purposes of diagnosis, prognosis or treatment."

In regard to the supply of anatomical material the committee would recommend the act proposed by the Chicago Demonstrators' Association as being adapted to meet the emergency.

In regard to medical education, the committee believe that no degree of Doctor of Medicine should be deemed valid if conferred by any medical college on any one who shall not have been previously examined as to his general education by a committee of the medical society of the school of practice which said student proposes to follow; such committee to be chosen from the members of the society not connected with any college; the certificate of the society to constitute evidence of such examination. The committee also believe that no medical college should hereafter be incorporated unless the same have an endowment fund of not less than $150,000 free of all claims. They believe that no person should hereafter be permitted to enterupon the practice of medicine unless he shall have been previously examined by a board of seven examiners on Anatomy, Physiology, Chemistry Obstetrics and Gynæcology, Surgery, Prac- of Medicine, Hygiene and State Medicine Psychiatry, Therapeutics, Materia Medica and Pharmacy: This board of examiners should be chosen from the various schools of medicine in proportion to the number of practitioners of each school. Five of these should be chosen by the various State medical societies; none of whom should in any way be connected with the medical colleges. The President and Secretary of the State Board of Health should be ex-officio members of this board. The surgeons of the United States Army, Navy, and Marine Hospital service should be exempt from the provisions of this act.

The laws respecting the insane are in a very sad state and require revision in several particulars. By the present system of trying insanity as if it were a crime the insane are deprived of that early treatment which is their due and family secrets become the property of the public. The judges often give local politicians the right to select private juries for the trial of friends who have committed the crime of becoming insane. A preferable law to the present would be one which would not arouse too much public prejudice and at the same time do away with the present unnecessary publicity. The committee believe that no person should be declared insane and committed to an hospital for the insane unless after the finding of a commission appointed by a judge of a Court of Record; such commission should be composed of two physicians and one lawyer. This commission should have the right to take testimony and send for witnesses. The finding of the commission should be approved by the Judge of a Court of Record appointing it, and the person whose insanity is questioned should have the right to be represented by counsel chosen by the Judge of a Court of Record if he so so desire. No physician should be appointed to such commission unless he has been ten years in the reputable practice of his profession and in good standing in the school of practice to which he belongs; said good standing to be certified to by a medical society of the county in which he resides. At least one of the members should be an alienist and his qualifications should be determined either by the fact that he has been at some time past, one or more years, physician to a hospital for the insane or that he has other qualifications, entitling him to be considered an alienist; evidence of either of these qualifications must be submitted to the State Board of Health which should issue a certificate that the applicant is a qualified alienist. No per-

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son should be discharged from any institution for the insane unless by a formal legal process setting aside the finding which determined his insanity or upon the application of friends or relatives, who should then be required to give such bonds based on real estate as the Judge of the nearest Court of Record, to whom all such applications must be referred by the superintendent of such institution, shall deem necessary for the security of the public and no person not deemed recovered from insanity by the superintendent should be discharged from any institution for the insane unless his or her friends give bonds for their pecuniary responsibility for his or her acts.

The committee believe that no justice of the peace should permit any insane person or idiot to go at large, who has ever been brought before him on a criminal charge, but should straightway commit such idiot or insane person to await the action of a commission for which he should make immediate application to the Judge of the nearest Court of Record. In case such action is neglected such justice of the peace should be held pecuniarily responsible for the results of such lunatics' or idiots' acts.

All hospitals for the insane and public institutions for the insane containing more than one hundred patients should be placed under control of the State Board of Charities which should have the power now delegated to the Trustees and other supervisory officials connected with all such institutions for the insane. It should be the duty of each medical society of every county to appoint from among its members qualified to act on commissions of lunacy one representative who with a similar representative chosen from the BarAssociation of the county should constitute an inspection committee which should inspect monthly every institution for the insane of the county and examine all recently admitted insane patients, and which should report the results of such inspection to the state Board of Charities which should take measures to remedy any abuse which might exist and should on the representation of such committee, transfer any insane person from a county to a State institution for the Insane. No act which is the offspring of disease should be regarded as a crime. The defense of insanity for crime should be allowed, to be raised only at indictment. The person on whose behalf such plea is raised should be instantly transferred to a State institution for the insane and there kept under surveillance until his trial. The question of insanity should be tried first before a jury composed one-third of physicians competent to act on lunacy commissions; one-third of lawyers of equal competency and one-third of citizens, who should be drawn as jurymen in the way prescribed in criminal cases but no one should be competent to serve on such juries who has a prejudice against insanity as a defense for crime. If such jury find the prisoner insane he should be committed to a State institution for the insane for two years, and at the expiration of that time if the superintendent of the institution deem him recovered the finding of the jury should be set aside by a lunacy commission chosen in the way already mentioned. If the jury fail to find him insane he should then stand his trial for the crime and should not be allowed to plead insanity as a defense. No medical officer of an institution for the insane should be qualified to sit upon any lunacy commission during the time he retains his offiec.

Indecent quack advertisements can be summarily dealt with in the manner prescribed in Pennsylvania. The act is as follows; Any person who shall publicly advertise in any way, treatment of venereal disease, of youthful indiscretions, of impotence, of self-abuse, prevention of conception, or treatment of urinary diseases, shall be deemed guilty of a misdemeanor punishable by a fine, imprisonment or both. The State Board of Health should have power to enforce this act.

The committee believe that any persons convicted of practicing under an alias should be prohibited from future practice in this State.

JAS. G. KIERNAN, Chair.
E. INGALLS,
O. C. DEWOLF,
Committee.

PANOPHTHALMITIS PRODUCED BY THE USE OF JEQUIRITY FOR TRACHOMA.

BY W. EDWIN GROUND, M. D., Professor of Diseases of the Eye and Ear in the Toledo Medical College, Toledo, O.

Ever since the introduction of jequirity, *arbrus precatorius*, into opthalmic medicine I have availed myself of every opportunity to test its merits. I have used it in several cases with a various degree of success all the way from a complete cure to a total failure. As the drug promises to be a valuable addition to our therapeutic resources, I deemed it advisable to report the following very interesting case, for in no other way than by reading all its manifestations can we ever hope to thoroughly understand its physiological action and its therapeutic application.

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Martha W., aged 13, came to my clinic at the Toledo Medical College. She had been suffering for the last eight years with trachoma and inveterate pannus. She had been in the hands of a number of general practitioners and specialists, but seemed to get no permanent good results. Having just had a successful cure in a similar case with jequirity I at once resolved to apply it in this case.

I prepared an infusion of decorticated beans, according to Dr. Wecker's formula. It was applied by dropping into the eye, by brushing the everted lids, and applying compresses wet with the infusion to the external lids. On the third day active suppurative inflammation set in. The lids were chemosed, swollen and hot. Considerable constitutional disturbance, pulse 120, temperature 102½, tongue parched and thirst great. Some constitutional manifestations were noticed in all of the previous cases that proved successful.

The right eye progressed favorably and a cure was effected at the end of three weeks. The left eye from the first presented bad symptoms. The cornea assumed on the fourth day a cloudy appearance. The edges of the lids and chemotic swelling look dry and crusted. The anterior chamber is diminished in size and occupied by a small hypopyon; the aqueous humor is clouded and iris pressed forward, discolored and of a yellowish hue; pupil dilated, tension of the eye increased, and acutely sensitive to the touch. The movement greatly impaired on account of the infiltration of the subconjunctival tissue.

Owing to the opacity of the cornea and anterior chamber a view of the tissues beyond the lens could not be obtained. The next day two small ulcers were noticeable on the cornea, although the chemosis was not so great the other symptoms seemed to be much aggravated and on the same day I performed paracentesis cornea; together with the treatment nsually employed in such cases, but all to no purpose. The disease progressed, vomiting occurred, agonizing pain, flashes of light. The patient cannot distinguish between daylight and darkness.

The cornea is entirely infiltrated with pus and soon becomes shrivelled up, into a yellowish membrane like wash leather. The above symptoms prevail until the tenth day after the application of the jequirity, when the inflammation subsides. The anterior part of the eye, consisting of the cornea, iris and ciliary body, with the lens were destroyed. The vitreous opaque, etc., and of course the sight entirely gone, excepting perhaps a slight degree ot light perception. The stump healed nicely and atrophies until it is only about one-fifth the normal size.

As sympathetic trouble seldom follows this disease decided not to enucleate—which I once came very near doing.

This, I think, a very remarkable case for several reasons. In the right eye the vision is now almost $\frac{20}{20}$ with myopia $\frac{1}{40}$. I omitted to state in the beginning that the girl's general health was good—had just begun her menstrual epoch about 3 months before coming under my care, which was February 23, 1883.

I presume it is fortunate for me that the condition of the right eye is so good. She now has one good eye and before the treatment she could scarcely see to get around. It is unnecessary for me to speculate as to the probable cause of the peculiar action of the drug in this case, as its action is at present but imperfectly understood.

Much has been done and said concerning the active principle of jequirity. Sattler conceived the idea that it was a special form of bacteria. He pursued his experiments under the direction of De Wecker, of Paris, who was the first to take it from the hands of empirics and assign it a place in rational medicine. However, it seems the above conclusion has not maintained the position its advocates desired.

Dr. Neisser, of Breslau, conducted a series of experiments which seem to prove beyond a doubt that its specific action is not due to a bacteria, but to an amorphous ferment, soluble in water and glycerine. This substance has not as yet assumed the proportions of an alkaloid nor received a name.

This important drug has already found an inviting field of usefulness outside of ophthalmology. Dr. Shoemaker, of Philadelphia, read a paper on the use of *arbus precatorius*, (jequirity) in skin disease, at the meeting of the Pennsylvania State Medical Society, the 14th of May, 1884. He recommends its use in lepoid conditions, epithelioma, sloughing ulcers, etc. He usses a much stronger infusion than that used in ophthalmic practice. I quote from the Medical and Surgical Reporter, May 17, 1884, page 635. "When first applied it produces no pain, but soon sets up a specific inflammation, which at times assumes quite alarming proportions, œdematous swelling, with erysipeletous appearance of the surroundings, accompanied by febrile symptoms, though this occured only in applying it to extensive surfaces, and in highly sensitive and irritable patients. The products of this inflammation cast an immense crust on the surfaces, under the protect-

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ing influence of which the constructive process rapidly developed, so that after, either forcible detachment, or better, spontaneous casting off of the cuirass-like crust, new and healthy surfaces were apparent, and on repeated applications cures were speedily effected by it."

It is self-evident that jequirity is a most powerful agent, and should be used only under careful supervision and with due caution. All ill effects should meet with as prompt a publication as our most brilliant successes.

CRANIOTOMY.

BY DR. G. W. JAGGARD.

Inaugural Thesis read before the Chicago Gynecological Society, May 16, 1884.

Craniotomy includes the various operative procedures, which have for their object, the perforation of the cranium in the presenting or after-following head, evacuation of the brain substance, and removal of the head with the body of the fetus from the parturient passage.

I. History.

Perforation of the head, with subsequent evacuation of the cranial contents and the removal of the fetus from the genital canal, on account of cephalic and pelvic disproportions, is one of the oldest procedures in operative obstetrics. Hippocrates and Celsus restricted the operation to dead children. Laurent, Baudelocque, Smellie, Roderer, Stein and Boer improved former methods, and rendered the operation much less dangerous to the mother. Boer, Carl Braun's immediate predecessor in the Vienna Obstetrical Clinic, deserves particular recognition, the substitution of the forced forceps operation, upon the one hand, and cesarean section, upon the other, for the indiscriminate performance of craniotomy.

El. v. Siebold, Kilian, Naagele introduced, during the last century, the outward cutting craniotomy scissors, without covering. Outward cutting scissors, with covering, were recommended by Wigand, Brunighausen, and Chailly. The scissors of Smellie and Wallbaum were never extensively employed on the continent of Europe.

Trepan perforators are of German origin. Wechsung (1757) Jorg (1807) Mende and Kilian (1831) Kinwisch (1846) Carl Braun (1855) devoted attention to the subject, and the result of their joint labors is the perfect instrument, universally employed in Austria, Germany, England and limited portions of America.

Various instruments of extraction have been devised and extensively employed from time to time.

The blunt hook of Smellie and Sevret itself, a modification of a still older instrument, was succeeded by the capiductors—instruments upon the plan of corkscrews—of which, Sevreti's *Tire-Teted* bascule obtained greatest popularity. The extraction instrument of Leising, Kiwisch—a metallic ball introduced into the cranial cavity, and then expanded into three, clover-like leaves, met with little approbation.

Bone forceps, of most varied designs, supplanted in turn former instruments; the Tenett a conducteur of Mesaard and Stein, the excerebration pincettes of Bœr, Cleiari, Davis and Churchill, and Von Huevel, deserve especial recognition in this connection.

The *forceps cephalotribe* of Baudelocque (1829) modified by Chailly (1842), Kiwisch (1846) Carl Braun (1850) Pajot (1860) resulted in the production of an extremely dangerous, though effective instrument. Finally, all extraction instruments have been supplanted by the approximately perfect cranioclast of Simpson, modified by Carl Braun in 1862.

II. Conditions.

The conditions for the performance of the operation of craniotomy are: Retardation of labor, insufficiency of uterine contractions to accommodate the head, dilatation, or dilatability of the os, escape of the *liquor amnii* and the presence of a spatial disproportion, in which the child, in the concrete case, can be delivered through the pelvic canal, reduced in size, but not in an intact condition.

III. Indications.

1. Craniotomy is indicated in case of a mature, undoubtedly dead child, without precedent trial of forceps or version, when the second stage of labor is retarded, the impossibility of the passage of the intact head, and the possibility of the passage of the excerebrated head is demonstrable.

2. Craniotomy is conditionally indicated, when the mother's state of health permits no delay in artificial delivery, podalic version, even with the aid of an anæsthetic, is contraindicated on account of *tetanus uteri*, and when the forceps would involve so much violence, that the life of mother and child would be imperiled.

3. When it is doubtful whether the child is living or not, its preservation is improbable, or impossible, and the mother's life is endangered by further delay, the operation is indicated when the fetal heart sounds sink under seventy per minute, or exceed one hundred and eighty, the conclusion of failing fetal life is perfectly justifiable.

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Elevation of the maternal temperature up to and above 40°C. tympanitic resonance upon percussion over the uterus and the presence of a physometra indicate a dangerous state of maternal health.

4. Cases indicating the relative Caesarian section—the child is undoubtedly living—when the mother decidedly refuses abdominal section, and delivery is impossible by a less radical method, and the excerebrated head can be extracted through the parturient canal, without danger to the mother, requires the performance of craniotomy.

IV. Methods.

The preparations for the operation are simple. The instruments required are Carl Braun's trepan, two uterine tubes, one strong piston syringe and Simpson's cranioclast, as modified by Carl Braun. The patient is placed, transversely across the bed, in an exaggerated lithotomy position, the bladder carefully evacuated by a catheter, and the vagnia thoroughly irrigated with a disinfectant fluid.

In Italy and France and in certain German dioceses, it is required, by the church, to perform "necessity" baptism of the child, before the operation.

Craniotomy is naturally divided into three acts: 1. Trepanation; 2. Excerebration; 3. Cranioclasis.

1. Trepanation:

The trepan is passed through the hollow of the right hand introduced into the cavity of the vagnia, and with its five fingers encircling the *caput succedaneum*, in the center of the os and pelvic inlet, by the left hand. In vertex presentations, the most prominent presenting portion is perforated; in face presentations and the after following head, the glabella and mastoid process are respectively the points of election.

The crown of the trepan is now grasped with the right hand, lying in the vagnia, while the left hand clasps the handle of the instrument. An assistant steadies with one hand, the left hand of the operator, and with his other turns the small handle of the trepan until perforation is effected. The cutting surface is then withdrawn within the crown of the instrument, and the whole withdrawn from the vagina under the protection of the right hand. After perforation, the index finger of the right hand should carefully explore the perforation.

2. Excerebration:

The brain substance is thoroughly broken up by an ordinary uterine tube, plunged in every direction. It is necessary to destroy the basal ganglia, as it obviates unpleasant consequences upon the child's part. After the brain substance has been thoroughly broken up, water is injected into the cranial cavity, and the latter is thoroughly excerebrated.

3. Cranioclasis:

In vertex presentations, the solid blade of the cranioclast is introduced into the cranial cavity, while the fenestrated blade is placed over the face. In this manner the base of the cranium and the face are most securely grasped. After locking the cranioclast, the screw is turned, and powerful compression is exercised. Subsequently, extraction is made with one hand, the other being introduced high up into the cavity of the vagnia, to protect the tissues from spiculae of bone.

In face presentations, the solid blade is introduced through the glabella, while the fenestrated blade is passed into the mouth or over the chin, so that the base of the skull, and the hard palate is securely grasped.

Similarly, in the after-following head, the sol id blade is introduced through the mastoid process, while the fenestrated blade is placed over the face.

Prognosis:

The prognosis in craniotomy is always favorable, when Braun's trepan and cranioclast are employed, with even inferior skill, when the spatial disproportion is not too great, when the operation has not been delayed too long, and when *tympanites uteri*, and precedent injury to the mother are not present.

The statistics upon craniotomy in Vienna are extremely good. Rokitansky, jr., published in 1871, a record of fifty-two operations, performed in forty-seven cases of vertex presentations, and five breech presentations, with recovery of the mothers in every case. The cases occurred in Carl Braun's wards.

In the eight years, 1871-1878, craniotomy was performed eighty-two times, sixty-three times, in head and nineteen times in breech presentation.

Fifty-nine mothers lived, that is 71 per cent. and twenty-three died, that is 28 per cent.

The causes of death were, eclampsia, one; *post partum peritonitis*, six; *physometra sub partu*, two; *ruptura uteri spontanea*, fourteen; the rupture having occurred, and having been diagnosticated before the patient was received into the hospital and operated upon.

Bidder 1873-1876, performed craniotomy with Braun's instrument thirty-two times, with a favorable result in every case.

These statistics are amply sufficient to contradict those adduced by Dr. Samuel C. Busey, President of the Washington Obstetrical and

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Gynecological Society, in an attempt to sustain the proposition that "Craniotomy Upon the Living Fetus is Not Justifiable," published in American Journal of Obstetrics, Feb. 1884. The question raised is one of a purely statistical character. The learned president of that highly intellectual society, has contrived with a great degree of labor and ingenuity to collect statistics, forty to fifty years old, and to distort others of more modern origin.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

[CONCLUDED.]

DR. ALLEYNE.—I don't pretend to say much on the subject of chronic nasal catarrh; catarrh which is simply localized. Catarrh is a disease which attacks every portion of the mucous membrane, and it is treated locally, where we can, and where we can't possibly treat it locally, we make use of constitutional measures. When we can reach it locally, there is a certain amount of good which can be done. Although I consider that many of the applications which are made by inhalations or douches, or the sprays, may do considerable harm, even in the chronic form of inflammation. I hardly know what further to suggest, but according to the representations made here this evening, the disease is always a very prolonged one, whatever it may be; a good deal can be done by constitutional treatment in chronic catarrh, wherever they may be, whether of the lungs, intestines, bladder, or the upper portions of the mucous membrane of the lungs. In these cases there must be, of course, great prostration of the system. Such a constant depletion must reduce the system very considerably. It is possible to do a good deal in the way of treatment, in these cases, by introducing into the stomach not so much what we call tonics, such as bitters, but introducing the natural food. The suggestion is not new. All here present know well that it has been tried from time to time in wasting diseases. I hardly know whether to say that in nasal catarrh we could in that way, improve the individual or not; but in general catarrhs, or wasting diseases, a great deal of good can be done by this treatment. I speak of this because laterly I have been in the habit of treating diseases by that method rather than by the use of medicines. It is simply by nutrition. The ordinary nutrients are employed, giving the food almost in a digested state, so to speak, and giving it in excess. I recently read a paper where the author speaks of artificial alimentation, or superalimentation, or forcible alimentation, very large quantities are given. The food which is given is not ordinary meat juices, or anything of that kind, but simply the plain lean beef, dried and then powdered, in which form the powder can be preserved, and when it is to be used, this can be mixed with water or cream, and forced into the stomach, not only the amount which wonld ordinarily be taken as measured by the appetite, or the demands of nature, but the stomach is filled with it. I think, in a measure, local treatment should also be given, but if local measures are used, they should not be too highly stimulating to the mucous membrane. We simply desire to remove the irritating matter. I think, in these cases, more attention should be paid to the nourishment of the patient, to the filling of the stomach. This over-filling at first is very disagreeable, but is overcome after awhile, as is the discomfort in the applications through the nose. It seems to me that in these chronic forms of inflammation we may do a great deal of good in this way, without medicine, simply by using nourishment. I speak of this matter simply because it comes to me in connection with chronic diseases. I bring it up, although it might not be quite applicable to the subject in hand. But it occurred to me within a few days past, that we might, in this way, bring about a normal condition of the patient, in spite of himself, and relieve the depletion. And in this connection I might bring up the matter of a remedy which is somewhat fashionable, that is the use of blood. Blood is readily digested, and readily taken up; the forcing or pouring of it into the stomach, over-filling the stomach with fibrinated or defibrinated blood, and by this method, improving the secretions, improving the strength, and, possibly, thereby diminishing the secretion of the mucous membranes. I think rather favorably of the idea. In former times, we were in the habit of bleeding; in latter times, we have abandoned bleeding, and rather tried to sustain the system, and it seems to me that perhaps it would be better if we should feed, or over-feed the system, building it up, at any rate. The originator of this method speaks a good deal of this manner of treatment, and, I presume, he has treated a good many cases, and he gives very satisfactory results. In all the wasting or tubercular diseases, where

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there is any character of deposit, in children suffering with summer complaint, and in exhaustive chronic inflammatory action of the bowels, and he says that in this way we may accomplish a good deal. He mentions cases where children got well simply by giving them food. I intend to see what I can do, or what can be done, in reference to the treatment by super-alimentation. Some gentlemen here may have pursued the matter further than I have.

Dr. Pollak.—What is the method of administering the blood?

Dr. Alleyne.—The patients go to the slaughter house and drink it from the veins. Of course this treatment cannot be adopted with the patient in bed. I think, probably, the best treatment is by this nourishment with meats, not the ordinary beef extracts, but the meat prepared and powdered as I have stated.

Dr. A. Green.—I cannot see the common sense of the use of blood as has been suggested rather than any other nourishment. If we introduce blood into the system it does not go into the circulation as blood. It has to pass through the same changes as any other nourishment, and is taken into the system in precisely the same way. If we inject blood into the stomach it is not assimalated as blood. The circulation does not take it up as blood. It takes it up the same as it takes up any other kind of nourishment. I cannot see the wisdom of it at all. It is the mere idea which people have that they are taking blood, and of course as blood supplies every tissue and makes up every part, they think that in taking blood they are introducing it into the circulation; but fluid introduced into the stomach does not enter the circulation in that state. Next, I cannot see how we can cure a patient who is suffering with a wasting disease or improve his condition by forcing nourishment into his stomach. What benefit does it accomplish if you fill the stomach, and the system does not assimilate the matters introduced? It simply produces an irritation of the mucous membrane, it will produce a catarrh. But to say that in wasting diseases we can rely upon the diet is not true in my opinion. What produces this wasting disease? Why don't you go back and discover the cause. I think we make just as great a mistake when we expect to cure diseases by medicines alone as in supposing that we can cure by diet alone. We have to take these things together, to combine them. Especially at the present time when the cause of most diseases is known. When we know the cause of puerperal fever, typhoid fever, pneumonia, and so on. We must not depend entirely upon either nourishment or medicine. Then as to consumption. In this disease I have seen the patient with such a condition of the pharynx that it was impossible to swallow, in such a case we certainly should introduce the tube and give him some food, but why should we overfill the stomach. Then again, if we have a patient, as we all meet them occasionally, who is stubborn. I have seen children sometimes who utterly refused to take food. In such cases of course we are justified in using a tube and introducing food; but we should introduce only a small quantity at a time and repeat frequently, and after awhile the patient will commence to eat. But in these cases where it has been necessary to feed the patient with a tube did I over-fill the stomach? No, sir. If the idea which has been advanced this evening be correct, then we had better throw our physiology away, nothing we have been taught is correct.

Now, if I understand my venerable friend, Dr. Johnson, aright, perhaps I misunderstood him, he said that chronic catarrh is not a local disease; did I understand you right, doctor?

Dr. Johnston.—No, it is the consequence of a constitutional disease. Always the consequence of a constitutional disease.

Dr. A. Green.—That is a mistake again. Will you deny that there is no local disease induced by the change of the atmosphere to cold and heat? The very anatomical structure of the nasal cavities predisposes to disease through the vicissitudes of the atmosphere. Those fine vessels going around the part in the glands and afterwards in the inferior turbinated bone, those fine vessels and veins forming cavernous tissues in the inferior turbinated bone—between the periosteum and mucous membranes so that there is a surplus of blood, and it is very easy to comprehend—I will not speak about those different forms in which one cavity is larger and another smaller, one of the turbinated bone sometimes projecting through the nose, sometimes the middle one projecting to one side; but I will merely say that these vessels are so arranged that there are cavernous places, and they predispose the nasal cavity to take cold. People are not altogether wrong when they say, I have taken cold. Many a time I have been waked up by some call and gone to the window, and just this little exposure has caused me to take cold. Now, this is certainly a local disease. Of course we have a constitutional disease as well in other cases, and it may be that in some cases the constitutional disease gives rise to the local trouble upon the mucous membrane or Schneiderian membrane; but I think it is an error to say that nasal catarrh is always

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constitutional, and then again to say that it is always the result immediately of localized disease is also wrong. If the catarrh is of local origin we can treat it with local remedies; if it is a constitutional trouble, then of course we must adopt measures which will meet the indications of the case. This, I think, is common sense.

DR. ALLEYNE.—I want to ask Dr. Mullhall one question: He spoke of the use of belladonna in acting upon the vaso-motor system. I would like to know whether that idea is worth much. You know it is used very commonly and I think very satisfactorily in the treatment of those rather ugly papular eruptions about the face, not acne, but true papules about the face of young men or young girls. They come in groups, and upon investigation, it is found that these vessels are enlarged, the calibre of the capillaries are enlarged, producing rather a diffused redness. I think this remedy answers an admirable purpose in this class of cases. It struck me belladonna or ergot might answer an admirable purpose. In the way in which Dr. Mulhall speaks of it in the treatment of nasal catarrh, I would like to know how much it is worth?

DR. MULHALL.—I have used it in a class of cases which are rather characteristic. For instance, a person tells me that up to a certain date there were no nasal symptoms, and all at once he began sneezing, which continued three or four months. The most marked symptom is profuse discharge of thin, watery mucus from the nose. When you examine the patient you don't find any very great diffused redness, no sign of inflammation or any hypertrophy, and you are surprised in looking at the organ to find it looking normal. It has occurred to me that there might be spasm of the vaso-motor nervous system acting in some way upon the calibre of the blood vessels there. Because in these cases the part is rather paler instead of being inflamed. I have been in the habit of giving one 1-100 part of a grain of atropine three times a day and five drops of arsenic under the idea that this trouble was caused by a spasm of the general vaso-motor system about the head.

DR. BORCK.—In regard to the feeding with the stomach pump or feeding by force. It has been stated that there must be pain in the introduction of the tube and the over-filling of the stomach. I would say that if the tube is handled carefully it need not be disagreeable. There may be some difficulty in introducing it. I have used a soft rubber tube and introduce it even in the case of children; they may be a little afraid at first, but the physician must retain his presence of mind, and a little practice will enable him to introduce it very readily and then food may be introduced whatever it may be. The quantity introduced at a time should be small, and it should be frequently repeated. Introduce first a little, then stop for awhile and introduce a little more, and in this way your patient will not vomit. I would say that I saved one of my cases of ovariotomy in this way. I had one case die, one of my early operations. I had another case where we couldn't keep anything on the stomach. I couldn't control the nausea, the patient was emaciated, and finally, I resorted to the use of the tube, and in this way kept the food down. Forced feeding and overfeeding are different things. If you introduce a small quantity of food into the stomach it will be retained, but overloading the stomach will cause any one to vomit.

* * *

TWIN FETUSES WITH MEMBRANES INTACT.

DR. LAIDLEY.—I don't present this specimen as anything unusual, except for the fact that we have here twin fetuses expelled with the membranes intact. The patient is aged 33 years, married, and has given birth to six living children, the last two being twins. Some three or four years afterward she had a miscarriage in which it was said twins were expelled. Three months ago I was consulted. This lady having evidences of pregnancy asked me to examine her. I placed her at rest and didn't hear anything until last week, when I then heard that there were evidences of abortion. Finding that there was no possibility of saving the patient, I simply tamponed the vagina in order to save her from too great hemorrhage which threatened at the time, and in about two hours afterward the labor pains having ceased I removed the tampon and found these two bodies showing the usual course, or what others say is the usual course of the development of the human embryo, particularly where we have multiple pregnancy. It shows the fetusses inside the sacs with the membranes covering them and the two placenta. I have never seen anything of this kind before. This specimen rather bears out the accepted theory that we usually have a separate ovum cast off from the ovary and fertilized by the male probably at the same time, having the membranes formed separately one from the other, and the placenta also being separate. This simply demonstrates the accepted theory in these cases.

DR. DEAN.—This specimen illustrates not the way in which twins are developed, but one of the ways. There are two ways recognized in which twins or triplets, or whatever

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the number may be, are developed in utero. In one of them, both twins are from separate ova; in the other, both twins are formed from one ovum by division. We went over this question fully some months ago. I put the question that evening whether any physician here had ever attended a woman in confinement when twins were found in the same amnion and same chorion and were not of the same sex. Where embryos or fetuses are developed from separate ova they may or may not be of the same sex, and may or may not look like each other. In this case the twins can never come together because of the individual amnii and chorions. There is no process of absorption which will go on between the two chorions and amniotic membranes, so that the fetuses can be brought into one cavity, but where they are both developed from one ovum, by the cleavage of the ovum, of the genital or lower part of the body, or the cleavage, passes clear through, they are always of the same sex.

□There is not a single case reported by an acknowledeged competent observer where this has been otherwise. Where on the other hand the cleavage is only through the head or upper part of the trunk, it cannot be otherwise than that they are both of one sex. This case illustrates another thing with reference to the age. We find that at all ages the embryo or fetus may pass off with the membranes intact. No one who has looked at these two cases would be led to believe that whenever children already formed as they are, of course, in this case, with the amnion and chorion well formed, these latter could by any process be absorbed, and the fetuses or embryos be brought together with the large amount of fluid and ever come in contact in such a way as to grow together, and the same parts always grow together, the features be always the same, and the sex the same; Shakespeare in one of his plays introduces a male and female twin who resembled each other so closely that they could not be distinguished when they were both in similar clothing. This would not occur physiologically. If the twins are so similar that they cannot be distinguished they are what we call homolagous twins and are always developed from one ovum and are of one sex. This is well and firmly established now I think.

Dr. Funkhouser.—I wish to take issue with Dr. Dean in regard to one ovum being divided and two offspring the result. I believe that is very improbable. It is possible for an ovum to have several germinal spots, and in these cases the monstrosities are of different degrees. For instance, the Siamese Twins were almost normally formed,but united. There are some cases that are double-headed, i. e., bicepholus. I shall not attempt to go into the different orders that exist, but that the division of one ovum takes place and two individuals the result, I think it highly improbable. The laws that I have enunciated in regard to the determination of sex as applied to the subject, I think, will prove that. My idea is this: where two ova are discharged from two grafian vesicles of the right ovary at the same time these two ova from the same ovary are impregnated, and there will be two offspring, twins of the same sex, in one bag of membranes, but if two ova, i. e., one from each ovary, are impregnated about the same time as the result of two connections—two coitus,—then there will be two fetuses of opposite sexes and they will be in different bags of water. Histologists teach us that a graafian vesicle may contain two ova. I have seen one egg contain two vitelle each with a cicatricula. Fisher accounts for monstrosities by the presence of two cicatriculæ in one ovum. It is barely possible for two ova from the same ovary to be impregnated by zoosperms from each testicle and the result will be different sexes. In these cases they will be in the same bag of water. But I do not think it is at all likely to occur as there is a greater attraction between the ova of one ovary and the zoosperm of the testicle of the corresponding side.

Dr. Dean.—I won't stop to discuss this question because, as I have stated, I believe this thing is well established now and I am already on record here. I think I can maintain my position as to authorities, and the doctor has simply stated dogmatically so and so. I will ask him two questions: First, I will ask him to cite any scientific observer of any prominence who has ever observed two cicatriculæ in one egg. It is very common for people to talk about it. It is very common talk about two cicatriculæ in one egg, but I want to ask him whether he can give me the name of any thoroughly recognized scientific observer who has ever observed this. There have been thousands seeking for those things, but so far it has not been found by a competent observer who has shown his discovery to another competent observer. Then I would like to ask him another question, if he has ever seen or if he knows of any one who has seen twins from one amnion and chorion with one placenta that were not of the same sex, and that were analagous in every respect even in reference to the tendency to disease, etc. I will go still further, and I will state that this

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growing together process does not explain one in fifty of the malformations that exist, but the cleavage process does explain every one of them; not one comes up that is not easily explained under it; and I will say also that it is a fact that cleavage does occur, and I can bring the names of the competent authors who have observed the two formations found in one ovum from one yolk.

Stated meeting, May 24th, 1884.

Dr. Hendrix.—I have a small specimen which I will exhibit. At a former meeting of this Society the subject of the origin of the amniotic fluid was referred to, some of the members then present holding that it was secreted by the kidneys of the fetus in utero, and I said at that time that I had specimens such as this. It was then suggested by Dr. Pollak that it might be a hydatid cyst. This is the third specimen which I have obtained within the last eight years of a similar kind. One of them contained nothing in the interior of the sac visible to the naked eye except clear fluid, and I suppose it contained as much as an ounce and a half or two ounces, twice as much as this specimen perhaps. In the second there was a filament projecting from what appeared to be the placental attachment; extending to about the center of the sac there was a small black spot attached to this filament about the size of the head of a common house-fly. This specimen you will observe contains nothing in the sac except a small amount of detritus which may be the remnant of an embryo arrested in its development at a very early period. The patient from whom this was removed was a nonipara in rather delicate health, and she had not menstruated for two months previous to the time this specimen was cast off. After this specimen shall have been examined I would like to have those present express their opinion as to whether it is a hydatid. If it is not, then it must be the product of conception, and if the product of conception, then it should forever settle the question as to the origin of the amniotic fluid, whether it is secreted by the kidneys of the fetus or the amnion, since in this case there is fluid and no fetus whatever. On the other hand if it be a hydatid of course the subject still remains open. Dr. Pollak, I believe, is the one who advocated it was secreted from the kidney, during the discussion to which I have referred to.

Dr. Bremer.—I do not believe that when the gentleman called the attention of the Society to the fact or to the question whence the amniotic fluid came, that he intended to say that it all came from the kidney of the fetus; I do not believe anybody would pretend such a thing, because we know in the first months it certainly cannot come from the kidneys of the fetus because there is no connection between the urethra—there is no urethra yet, and no kidneys formed. It is possible that in the last months of gestation urine is secreted, and that it forms a component part of the amniotic fluid, but in the first months of the existence of the embryo, such a thing is entirely out of the question. As regards the specimen which we had an opportunity of seeeing to-night, I believe it is simply a case of atrophy of the embryo; the embryo died from some cause or other, and was dissolved and absorbed, the fluid simply remaining in the bag, because you can see what seems to be a trace of the placenta there; but this is much effaced, so that you cannot form a proper conclusion as to that.

Dr. Dickinson.—The doctor presented a month or two ago a specimen of fetus in the membranes delivered intact. During the week following the presentation of that specimen, while reading from a number of the London Lancet, for some former year, I accidentally observed the account of a case in which a fetus at the seventh month was delivered with the membranes intact, and the fetus was found to be alive, and, as it was expressed, was kicking, and did so for half an hour after its birth, after which it died.

Dr. Johnston.—I would like to ask Dr. Bremer if he ever saw any case on record in which after the sixth month the child has been absorbed, and if we have any demonstrative facts that after the membrane is formed the death of the fetus occurs and is absorbed. I have had a good many cases in which the fetus was cast off and was not over an inch long, but I don't remember in my reading of any case being reported in which the fetus is said to have been absorbed and passed off through the secretions. I know of no such case being recorded. The gentleman stated such as probably the case.

Dr. Bremer.—I stated the embryo might have been absorbed.

Dr. Johnston.—Well if the gentleman comes down to nice distinctions I will say the embryo; at what time does the embryo become the fetus?

Dr. Bremer.—I suppose at the fifth month, between the fourth and fifth months, before that it is the embryo.

Dr. Johnston.—That is the limitation by the law of evolution; if a lady miscarries before the sixth month it is called an abortion. I don't know of any cases in which absorption

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occurred after the third week, or the third month, or at any time. The gentleman says that it was probably absorbed, he might have seen such a thing, I have not.

Dr. Bremer.—I simply wish to state that there are certainly such examples on record. I cannot say that I have seen anything of the kind, but I think it is certainly a fact that embryos may die and entirely disappear, the amniotic sac only remaining with its fluid contents.

DISCUSSION OF DR. JAGGARD'S PAPER ON CRANIOTOMY BEFORE THE CHICAGO GYNECOLOGICAL SOCIETY MAY, 16TH.

Dr. Jackson.—The paper to which we have just listened is in some respects a remarkable one, and I am glad to have had the opportunity of hearing it. I consider myself fortunate in never having had occasion, in a continuous experience of thirty-six years, to perform craniotomy. I say fortunate, because it must be a trying responsibility to determine, in many cases, the question as to whether a life must be purposely sacrificed; and, secondly, as to which of the two imperilled lives should be destroyed. While in the abstract one human life is as good as another, yet, when two are in imminent peril and one may be saved by the sacrifice of the other, and in no other way, it seems proper for us to choose which shall be rescued. And under this principle of action it has been generally agreed that the life of the mother should be held superior to that of the child, and that if one must perish it should be the latter. But, while we admit the correctness of the principle that the safety of the mother is to be preferred to that of the child, we cannot doubt that its general acceptance has led to a too frequent resort to embryotomy, and to attempts to perforate and deliver in pelves so extremely narrow that extraction was impossible, leaving no alternative but to operate subsequently on the mother or let her die undelivered. Of course these futile attempts have not always been the consequence of carelessness or erroneous judgment, but quite as frequently have resulted from the inherent difficulties in the case.

There are two classes of cases in which the practice of preferring the salvation of the mother to that of the child should be reversed. The first is where there exists carcinoma of the uterus or vagnia. Here, the disease must in a short time put an end to the existence of the mother. Her safety is not ensured by the distruction of the child, and we are justified in saving the latter, even though it be at the expense of some additional risk to the mother. Besides, it has been shown by statistics that where craniotomy has been peformed under these circumstances it has been almost as dangerous to the mother as Cesarian section.

The other exception is where labor is complicated by the presence of uterine, ovarian or other tumors which are incapable of being removed or emptied of their contents, and which are of such size that dangerous pressure must be made upon them even after the fetal head has been reduced in size. Here, Cesarian section, gastro-elytrotomy, or Porro's operation should be preferred.

The statistics of craniotomy as given by the essayist are to me most surprising; and if the observations upon which they are based are correct they show this operation to be one of the safest in obstetrics, whereas we have been accustomed to consider it one of the most dangerous. The maternal mortality has usually been placed as high as one in five, and in cases where the operation has been performed after long duration of labor—say forty-eight hours—and after vain attempts to deliver by forceps, it has reached a mortality of one in two and a half. I cannot but think that some element of error has crept into this statement of such wonderful success.

FOURTEENTH ANNUAL SESSION OF THE COLORADO STATE MEDICAL ASSOCIATION.

Denver, Col., June 17th.

President, Dr. W. R. Whitehead, called the meeting to order. Dr. S. A. Fisk. Secretary. Dr. Buckingham offered prayer. Minutes of last meetlng read and approved.

Papers were read as follows: Report on "Ophthalmology and Otology, by Dr. Bull, late of Colorado Springs, but now of New York; "New Remedies," by Dr. Wilson; "Compound Dislocation of the Ankle Joint," by Dr. E. A. Lee, of Fort Collins. Dr. Harvey read a report on "Legalization of the Practice of Medicine in Colorado," showing that many were still violating the law. Various officers and committees reported, and other routine business was transacted. In the evening the members attended a banqnet tendered by the local medical society.

SECOND DAY.

Dr. A. H. Lemen, read a paper on "Abdominal Section," with a report of forty-eight cases operated upon in Colorado, after which the President delivered the annual addres, which was listened to with attention, and frequently applauded. Dr. Horn, of Colorado Springs, read a paper on "The Duty and Responsibility of the Family Physician;" Dr. Cox read a paper on "Lympho-Sarcoma;" D. H. A. Lemen read a paper on the same

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subjec. Papers were read by Dr. A. Fisk, on "Diabetes Mellitus;" Dr. Soly on, "Brights Disease;" and Dr. Haines exhibited some surgical apparatns, The following were elected

OFFICERS FOR THE ENSUING YEAR;

Dr. Hawse, of Greely, President; Dr. Soly, of Colorado Springs; Dr. Rogers, of Denver; Dr. Earhart, of Boulder, Vice-Presidents; Dr. E. A. Fisk, re-elected Recording Secretary, and E. C. Rivers, Assistant Secretary. After considerable routine business the society adjourned.

THIRD DAY.

The President elect was installed with suitable ceremonies. Dr. Graham, of Denver, was elected delegate to the Brittish Medical Association, and the International Medical Congress. The members discussed at length various papers that had been previously read. Dr. Sears, of Leadville, read a paper on "Intra-venous Injection of Milk in Morphine Poisoning," and the papers of Drs. Howland, Tucker, Cleary and Purcell, were read by title and referred to the committee on publication.

The report of the committee on Medical Societies was then read, giving a history of the Denver Medical Association and other medical societies in the State. The committee reported finally on the admission of the Boulder Medical society to the State society as soon as application shall have been made. The report of the committee was accepted.

After more routine business, the society passed the usual complimentary resolutions, and then adjourned. The next meeting will be held at Denver.

CORRESPONDENCE.

REPLANTATION OF TEETH.

To the Editor of the Review.—In your last number I saw an article on the "Replantation of Teeth." Some months ago I extracted a tooth for a young man, cleaned the cavity, washed the tooth well, put it back, and inside of a month it was firm, and he had it filled and I think he has it yet.

Yours truly,
A. B. BARNETTE, M. D.

Pruntytown, W. Va., June 14, 1884.

VERATRUM VIRIDE IN ECLAMPSIA.

To the Editor of the Review.—Having used veratrum viride as early probably as 1844, with the hope of in some measure superceding the lancet in acute inflammatory diseases, and succeeded to my complete satisfaction, I was careful to keep it with me in my extended country visits; consequently, in one of those extreme emergencies, parturiant convulsions, where the spasms were very frequent, cardiac action violent, and coma, without suspension, I was tempted to give veratrum. I determined to give enough at once, if possible, and prepared a teaspoonfull, glycerine as a vehicle, 100 per cent. It was all taken, but, ere long, emesis supervened, and pulse diminished quickly to 60. Convulsions subsided and were not repeated, and the patient recovered promptly. Since that time I have rarely, if ever, failed to give it. and rely upon it, without bleeding, chloroform or chloral, and remember no instance of failure or unpleasant results from full doses, vomiting being the invariable result. Yours,

T. WILLITS,

New Boston, Ill.

MYSTERIES OF SYPHILIS.

To the Editor of the Review.—In REVIEW of May 24th I find an interesting article on "Mysteries of Syphilis." In 1868 I saw a woman with primary chancre, and buboes in both groins, all hair gone from genitals; diagnosed syphilis; treated with calomel till slight ptyalism, then iodide of potassium, in decoction sarsaparilla. Three months after, she became pregnant, bearing child at full term, which presented full type of squamous syphilide with lymphatic enlargement; child died before expiration of month. I then put her upon a decoction of stillenga and sarsaparilla; employed this for six months, with nothing else. In the eighth month after she became pregnant, I then prescribed this same decoction of green roots. and her child is to-day alive, without any symptoms of syphilis being apparent. After this, she gave birth to three more children at ordinary intervals, all of whom are apparently healthy. The eldest is a fine specimen of the negro race, and is a female. Now, if I have added anything to the common fund of medical information by this statement, I am repaid for writing this meagre sketch.

T. P. EDWARDS, M. D.

Granitesville, S. C.

DANGER OF ERGOT.

Why is it that some physicians who are supposed to be educated, will teach that we should administer ergot always just beforo or at termination of second stage of labor. From a common sense stand point it is not in accordance with the laws of nature, or anything else. It is not only dangerous, but it prevents the expulsion of the after birth, and should not be administered under any circumstances until the third stage is completed, if necessary at all.

GEO. P. MILTON, M. D.

A CASE OF POST-PARTUM HEMORRHAGE.

Editor Medical Review: Was called to Mrs. N.. in labor; primiparia; above medium size, robust: 22 years old; well-formed; was delivered in about six or seven hours of a strong plump girl with no unusual symptoms. Gave child to nurse and whilst examining it I heard a moan from the patient. She was blanched and unconscious; pulse feeble and very frequent; abdomen enlarging; a large clot in vagina. Husband and three ladies present. terrified; handed a vial to nurse, bidding her be calm and give dose at once; introduced hand into womb; found a half adherent placenta, peeled it off and delivered. All this occurred in the time that I could well tell it. Blood had soaked through the bed onto the floor. Patient was almost colorless and pulseless; gave stimulants, a few drops

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at a time every moment or two. They said, "She is dead!" But the heart still beat; and I continued the stimulants; the pulse at last rallied; consciousness slowly returned, and patient got well. I do not not give this case as an unusual one, but wish to call attention to the treatment. I gave:

℞

Fld. Ex. Ergot	- - -	gtt. lx.
Tr. Digitalis	- - - -	gtt. x.
Sulph. Strych.	- -	gr. 1-20.

This was continued in smaller doses through the night, every two or three hours.

I learned this from and English author, years ago, who used the formula in other hemorrhages, and I have used it frequently with complete success in cases that I could not have saved otherwise.

ALBERT FULLER, M. D.

BOOK NOTICES.

Medical German. A manual designed to aid physicians in their intercourse with German patients, and in reading medical works and publications in the German language. By Solomon Deutsch, A. M., Ph. D. Author of the Letters for Self Instruction in the German Language, etc. J. H. Vail & Co., N. Y., 1884. Price $2 25.

The title of this book sufficiently indicates its character. The text is separated into two marked divisions. The first gives an extensive and diversified collection of words and phrases that pertain directly or indirectly to the science and practice of medicine, such as: parts of the body (limbs, bone, muscles, nerves, organs, senses, etc).; diseases, their names, and various symptoms; medical. surgical and hygienic appliances, means of transportation, surgical instruments, baths, foods, clothing, furniture, etc. The words and terms are accompanied by grammatical annotations, or hints, whenever necessary. Thus the nouns are generally followed by *m. f.* or *n.* to indicate their gender, and by the ending of the genitive, singular and nominative plural.

The second division consists of conversations to be held at the sick bed, and with patients in general; these are so arranged as to cover the questions and answers that are likely to occur. The German and English indexes, which contain about 14,000 words, will be found of great value and very convenient for reference, and will practically place at the disposal of the physician almost every term needed to convey or understand the meaning of an expression. The work is altogether a valuable one, and to physicians, who do a German practice, and are not thoroughly familiar with the language, it will prove invaluable, and to such we unhesitatingly recommend it.

Health Hints for Travelers. By. John C. Sunderberg, M. D. D. G. Brinton, Philadelphia, Pa., 1884.

This little volume is intended to teach the traveler to keep himself well, and to help others to do the same. As the author says: "It is bad enough to fall sick at home, but how much worse when among strangers!" The book, therefore, is of value to travelers, and to physicians, who are often called upon to advise patrons about to take a journey.

Diagnosis and Treatment of Diseases of the Heart. By Constantine Paul, member of the Academy of Medicine; Physician to the Laribosiere Hospital. Translated from the French.

It has rarely been our lot to peruse a medical work which possesses so little magnetism and holds our attention so loosely as the one whose title heads this criticism. Appearing, as it does, among William Wood & Co.'s "Medical Library" for the month of March of the current year, it would seem to recommend itself to the general practitioner as containing exactly what he needs, practical suggestions for the careful diagnosis and intelligent treatment of cardiac diseases. Doubtless such was the aim of the author. In some respects this aim has been attained, but the most vivid impression left upon our mind is, that Constantin Paul has an unshakable belief in the diagnostic skill of Constantin Paul, and that what he claims as original cannot fail to profoundly impress the medical world.

That he is skillful and well posted in his department, we do not wish to deny, and we praise his painstaking investigations with the sphygmograph and cardiograph; though we think he goes too far in drawing certain conclusions from their tracings. Indeed, he seems to us a little hasty and illogical in his argumentations in several instances, as well as somewhat presumptuous in his denial of well established and generally accepted facts which are founded on observations fully as accurate as his own.

His method of outlining the heart, detailed on page 10, for which he claims the merits of ease and accuracy, may meet all practical requirements, but is neither strictly exact, nor does it show any remarkable originality.

Much of what is said in the chapters on pericarditis is good, but we are surprised not to find any mention whatever of that triangular form of the area of percussion dullness which is so characteristic of pericardial effusions, and on which such diagnosticians as Da Costa and Ziemssen lay great stress. It may be an admission of ignorance, but we did not know until informed by this author, that "in secondary pericarditis the depression of an originally febrile temperature may sometimes put us on the track of a diagnosis which is often difficult." (See page 62.)

Indeed, we were so ignorant as to think that in the progress of a febrile affection the physician's attention is often first directed to the occurrence of this complication by a sudden rise in the temperature not to be accounted for by any change in the course of the primary disease.

We are glad to learn, inferring from the author's remarks on acute endocarditis (pages 80 to 86) that he is able to discover it almost at the moment of its inception, with apparently unfailing positiveness. We have known a diagnostician of no less skill than Von Ziemssen to hesitate about pronouncing in favor of a probable acute endocarditis. And it seems to us that Constantin Paul is a little rash when he asserts there is endocarditis from the diagnostic data which he enumerates as sufficient for the determination of this obscure lesion, as it undeniably is in the majority of instances.

If there is any one thing established in the diagnosis of mitral lesions, it is the significance and existence at times of a presystolic murmur at the apex. Yet C. Paul has the temerity to deny emphatically the existence of such a murmur. According to him the so-called presystolic murmur is "nothing more or less than the click of the tricuspid valve," (page 105) which precedes the first sound of the heart and the impulse of its apex

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against the chest wall, because of the retardation of the heart's shock. This delay is shown by the cardiograph (page 105). We have not space for a discussion of this point, and must content ourselves with the statement that we think him hasty in making so sweeping a denial. It may be that in certain instances the state of things described by him may be true. But how can any observer of extended experience have failed to meet cases where a rough, sharply cut presysltolic murmur was unmistakable. It will be long, we fancy, ere C. Paul succeeds in proselyting the profession to this piece of vandalism.

Again, the thoughtful reader cannot fail to be astonished at the flimsy thread of argument on pages 102 and 104, by which he seeks to establish the validity of his "paradox bruit." It is based on the fact that the apparently diastolic murmur heard at the apex becomes shorter as one approaches the sternum, until finally it is no longer diastolic, but systolic. Hence, his statement to the effect that the only diastolic murmur occurring at the apex is either his "paradox bruit" or one transmitted from an aortic insufficiency. If one will recall the extreme limitation placed upon the lateral propagation of the mitral diastolic murmur heard with greatest intensity at the apex, he cannot fail to perceive how unstable is the foundation on which is reared this illogical superstructure of the "paradox bruit" and will not allow the faith in which he has been raised to be shaken.

Furthermore, in not a single one of the cases cited in support of this "paradox bruit" was the absence of mitral stenosis established by an autopsy. Equally ill-advised is the statement on page 292, that "arythmia always presupposes a lesion of the myocardium." Is it possible that this infallible author has never observed the striking effect of lithæmia, Ex. Gr., on the rythm and force of the pulse? On page 246 he endeavors to explain the pulmonary congestion of lesions of the left heart as due to the increased energy with which the right ventricle pumps the blood into the lungs. Is it possible that he loses sight of the effect of mechanical impediment to the escape of the vital fluid from the cavities of the left heart? And does he really so miscontrue nature's efforts as to regard the hypertrophy of the right ventricle as causative instead of compensatory? M. Constantin Paul had better reconsider. Space forbids further references. The reader must peruse discriminatingly and judge for himself. The closing chapters on therapeutics in heart disease contain much that is good and constitute, we think, the best part of the work. R. H. B.

BOOKS AND PAMPHLETS RECEIVED

President's Annual Address before the Texas State Medical Association, at Belton, Texas, April 23rd, 1884. By Dr. A. P. Brown, M. D.

Minutes of the State Medical Society of Arkansas at its ninth annual session.

A Bill to Regulate the Practice of Medicine in the State of Texas. By F. E. Daniel, M. D.

Medical Society of the State of Tennessee, Transactions 1884, fifty-first annual meeting.

THE NEXT MEETING OF THE MISSOURI STATE BOARD OF HEALTH will be held in the city of St. Louis, at the Laclede Hotel, on July 8, 1884.

ITEMS.

Dr. T. F. Rumbold will attend the International Congress, at Copenhagen. He will remain in Europe several months, visiting points of interest to the physician and tourist.

Dr. J. M. D. Maughs, for many years a leading practitioner, and Professor of Obstetrics in the Missouri Medical College, has retired from practice. He will leave for Europe, where he intends to remain for several years.

J. Boeckel operated upon a woman aged 41, for carcimona of the cervix. Vaginal hysterectomy was performed. This was followed by a fistula of the right ureter. The right kidney was removed and the woman recovered, She died five months later of infiltration of the lymphatic glands.

The Philanthropic Society of Paris established a dispensary for the treatment of children in 1883. During the first year 3,144 patients were treated, the majority for chronic troubles. The number of applicants for treatment continually increases, and as far as patronage is concerned it is a decided success.

A LYING-IN HOSPITAL, AND GYNECOLOGICAL CLINIC has been established in St. Louis, by Dr. H. Newland, at 1204 Chouteau Avenue. This institution will supply a want long felt in this city. There are similar institutions in most of the large cities of this country, but this is the first one established in St. Louis by a reputable practitioner. It will be a relief to both city and country physicians to have a home of this character to which they can recommend their patients. We wish Dr. Newland success in his deserving undertaking.

The following elephantine dose was recently administered by the attendant veterinary to one of Barnum's secular elephants, "Allah," which was attacked with enteritis while in Cincinnati: Lard, eight pounds; linseed oil, one gallon; tincture of opium, one pint; spirits nitrous ether, one pint; syrup, one quart. The lard and oil were first mixed, then the other ingredients added. The trunk was raised above the head and the mixture poured down the throat through a large metal tube. His elephancy recovered.

The doctors have made life almost not worth living, with their precautions against its being prematurely cut short. The air is laden with germs, the earth exudes poison, the sixpences we handle contain the seeds of zymotic plagues. The very cat that we stroke may have passed from a typhus patient's bedroom to bear on its fur the messenger of death next door. And now we are told that we smell a Gloire de Dijon at our peril and that the azalia in our button-hole may in the course of half an hour impart hay fever to a carriage full of railway travelers.—London Standard.

Cholera is reported at Toulon, France, and as usual there is a dispute as to its character, many of the local physicians pronouncing it sporadic. This is almost invariably the case on the first appearance of any epidemic disease; cholera is always either sporadic, or cholera morbus; yellow fever, is malignant, malarial, or billious fever, and so on; this continues until the city is being ravaged by a full blown epidemic, and then all the wise acres exclaim, "I told you so." It will be well for our sanitary authorities, national, state and municipal, to keep their eyes very wide open

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